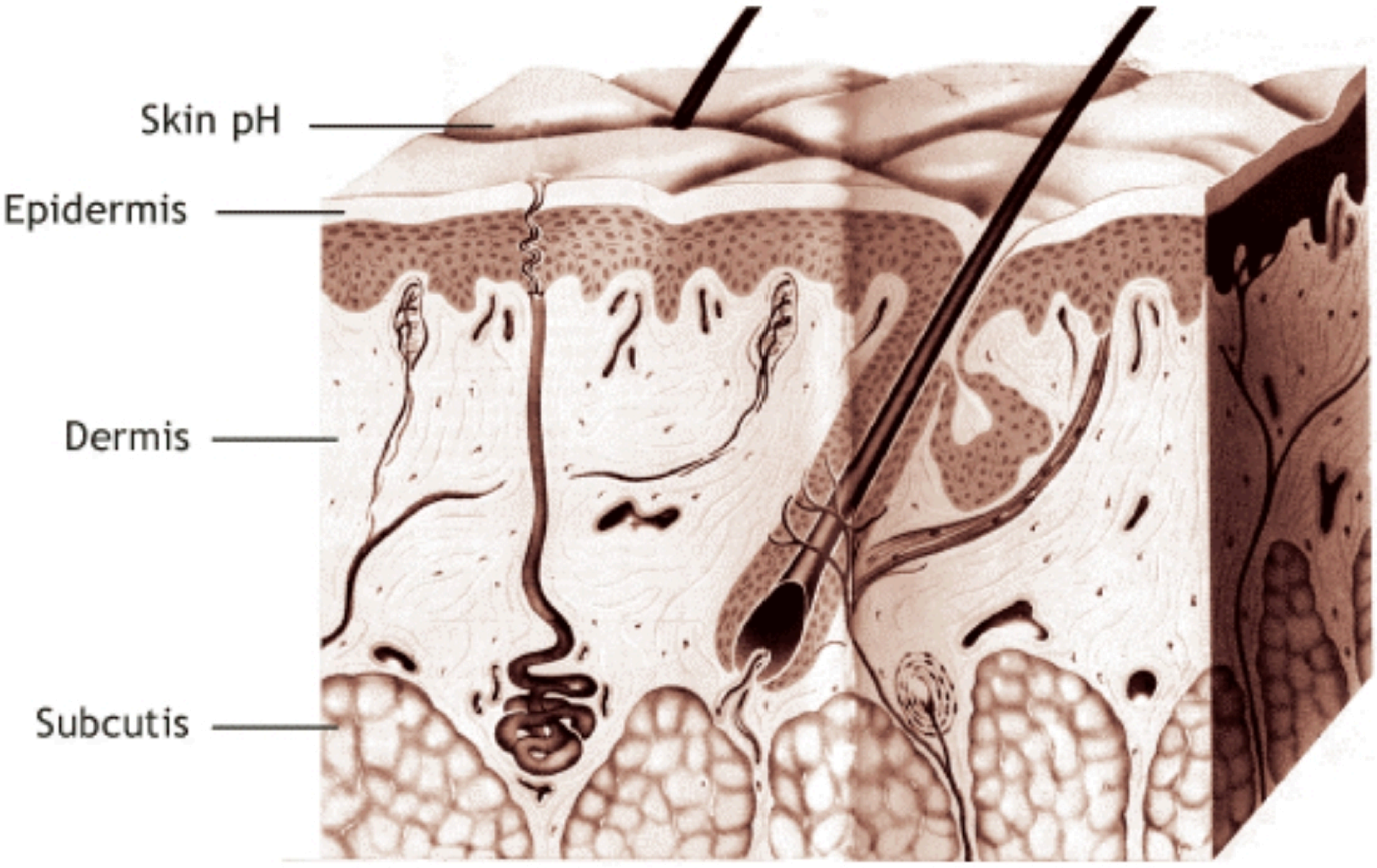
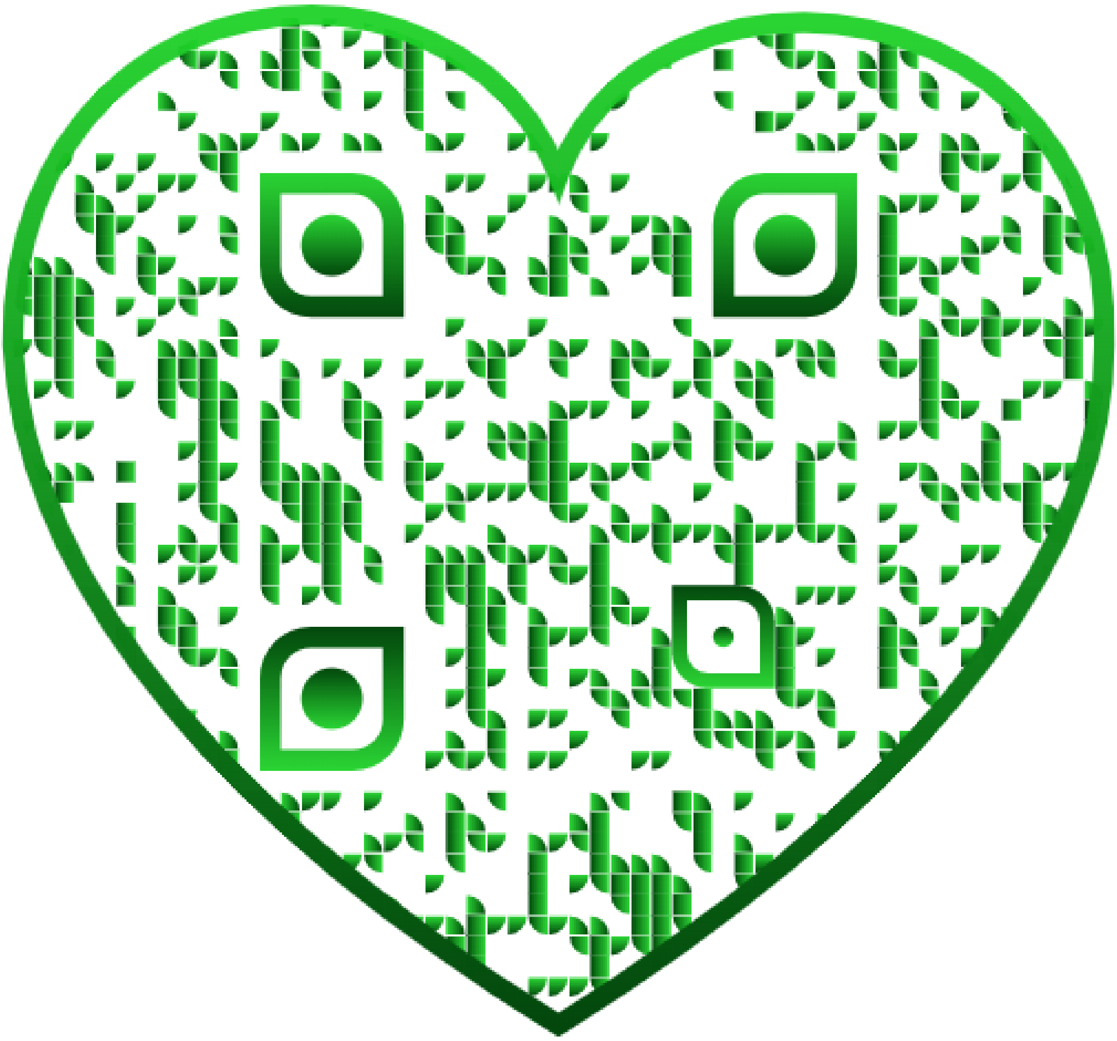
DERMATOLOGY


Skin pH
Epidermis
Dermis
Subcutis

DR. MOHCEN AL. HAJ



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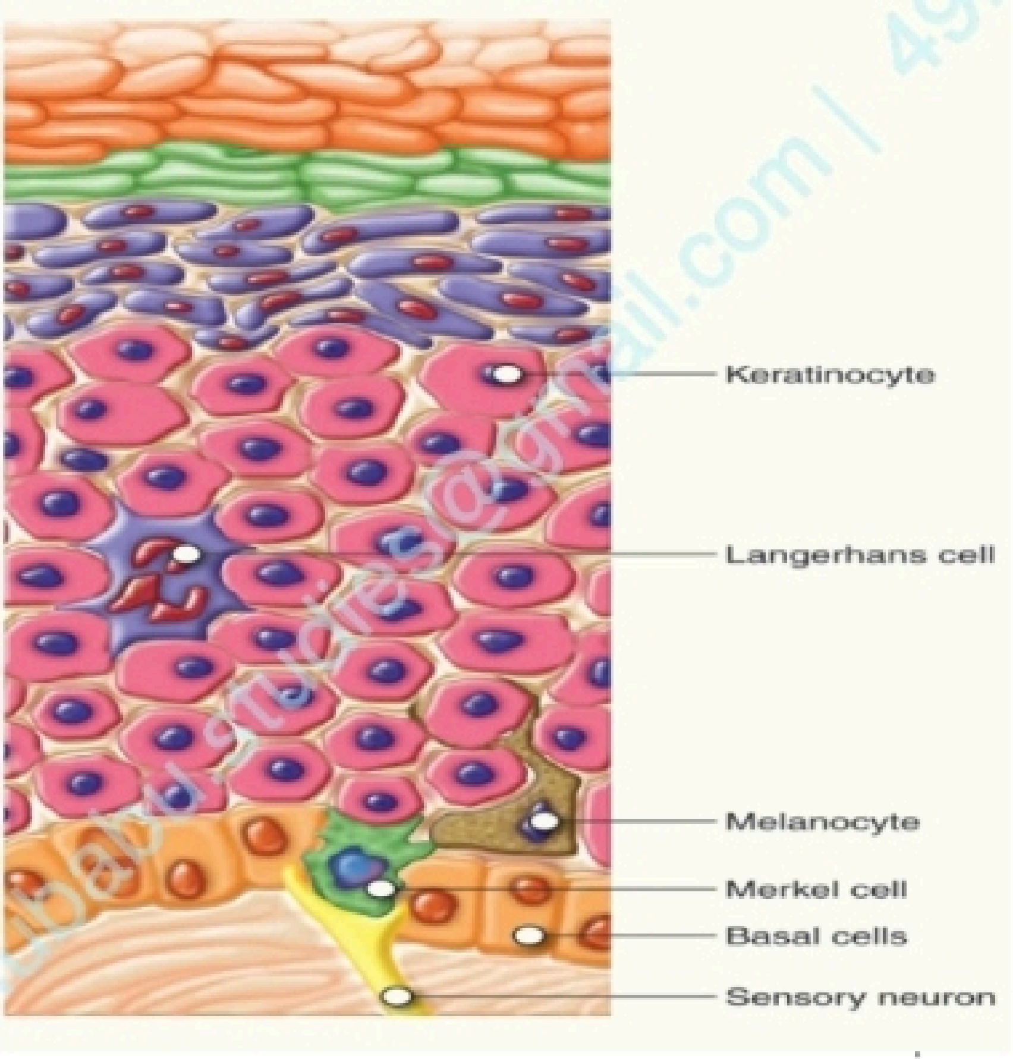


INTRODUCTION

- **Structure of the Skin:**

the skin has Three layers:

1- Epidermis. 2- Dermis. 3- Sub-Cutaneous Fat (Hypodermis).

➢ The Epidermis – Epethilial → Avascular tissue.

Layer It is Formed from Many layers of Closely Packed Cells arranged in **Four layers**:

1- **Stratum Basale** (Basal Cell Layer): It is a Single layer of Columnar or Cuboidal Cells bounded Together by Desmosomes. ← Responsable for skin cell division →N.time :- 28 – 40 day

Spines ـ مصبية

2- **Stratum Spinosum** (Prickle Cell Layer): Consists of Cuboidal, or Slightly flattened Cells firmly bound Together by Spines and Desmosomes.

Growing مصبية

3- **Stratum Granulosum** (Granular Cell Layer): Consists of Three to Five layers of flattened Polygonal Cells whose cytoplasm is filled with **keratohyalin Granules.**

4- **Stratum Lucidum**: It is a Translucent Layer, More apparent in Thick Skin. < Palm, Sole

full of keratin protein

5- **Stratum Corneum** (Corneal "Horny" Cell Layer): Consists of layers of flattened ***Non*** Nucleated keratinized Cells whose cytoplasm is filled with ***keratin***. { Barrier, protection

Dead Cells

* ***All these cells differentiate from base to surface (from basal cell layer to Corneal cell layer)****

- **Types of Cells in Epidermis:**

1- **Melanocyte**; It is a Specialized Cell of the Epidermis found beneath or between the Cells of the Stratum Basale and in the Hair follicles, Secretes ***Melanin*** **,** The Melanin is Responsible for Skin Color and Protective against **U\V** Light.

2- **Keratinocyte;** Present Mainly in Stratum Basale, Bounded by ***Desmosomes***.

specialized monocyte

3- **Langerhans cells**; Found Mainly in Stratum Spinosum, They are Bone Marrow Derived, Carried to the Skin by the Blood, they have a Significant Role in Immunological Skin reactions (***Macrophage of Skin***) known as **Antigen-Presenting Cells.**

4- **Merkles cells**; Generally Present in the Thick Skin of Palm and Sole (Sensory Cells). – Founds mostly in the tip of the fingers → the most sensitive Sik in the skin

➢ The Dermis – C.T

This Part of the Skin Supports the Epidermis, it is Consists of:

1. Hair follicles. **2.** Sweat glands. ← Controle Temp of skin as well as lubrication

3. Sebaceous glands: (Secrete Sebum to Prevent Dryness of Skin and Hair). [lubrication, Type of skin { Dry, wet (oily)

4. Rectus Pilli Muscle. **5.** Blood Vessels and Nerves / Lymphatics.

➢ SKIN LESIONS

Primary skin lesions

lesion in normal intact skin

1. **Flat Lesions:** (No Elevation No Depression)→ Two Types;
   - ➢ **Macule** : < 1cm
   - ➢ **Patch** : > 1cm

2. **Elevated Lesions**: Could be; According to Consistency

Solid Lesions:	Fluid Lesions:
- Papule: < 1cm (Ex; Wart). Acne Granule :- < 1cm Eg. wart Acne	"clustered" **- Vesicle:** < 1cm < 1cm Papule Containing Serous Fluid or Blood (Ex; HSV). + HZV - Burns, chemical trauma
- Plaque: > 1cm No Depth (Ex; Psoriasis).	"Discrete" **- Pustule:** < 1cm Papule Containing Pus (Ex; Pyoderma). also Acne
- Nodule: Painful > 1cm With Depth Ex; Leishmaniasis. & has red base B/C inflammatory response occure.	**- Bulla (Blister):** > 1cm (Ex; Pemphigus). - Pemphigoid

محدودين في ال Epidermis لكن أكثر Extension

leshmaniasis, Syphilis — Inc Painful

لأنها تمتد إلى ال Dermis that has nerve endings & Blood vessels

3. **Wheal:** Firm Transient Edematous Plaque with Pale Center (Present in Urticaria).

Secondary skin lesions

on top of primary skin lesions.

Scale:- "Skin dryness" ← "1ry :- plaque"
Shedding of Dead keratin (Ex; Psoriasis).

Crust: "1ry vesicle pustule Bullus."
Dry Exudates (Ex; Post Bacterial infection).

Excoriation (Abrasion):
Or Scratch Mark (Ex; Pruritic Diseases).

Ulcer:
Discontinuous in Epidermis and Dermis, painful ex — leshm., Syphilis; Redness
Healed with Scar (Ex; Venous Ulcer).

Erosion: 1ry vesicle, Bullae
Discontinuous in Epidermis Only Healed Without Scar (Ex; Bulla Eruption).

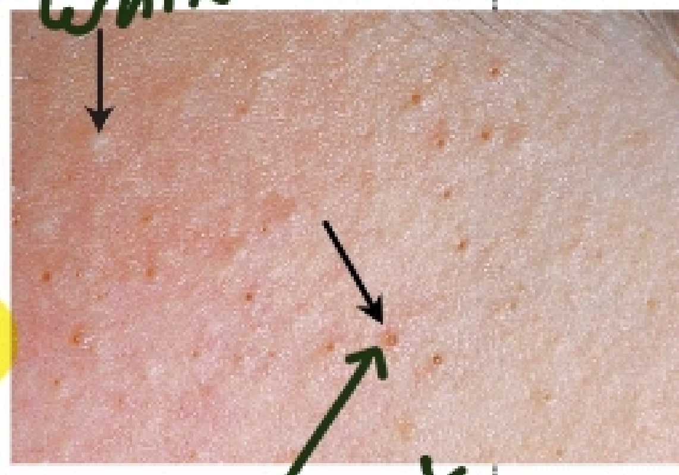
Fissure:
Linear Cleft Discontinuous in Dermis.

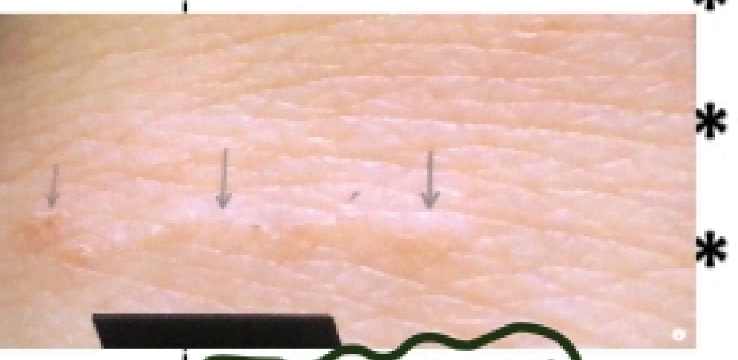
Scar:
Replacement of Normal Tissue by Fibrous Tissue during process of Healing (The Scar Could be Atrophic or Hypertrophic). appears immediatly after healing ± Keloid → تكون بعد ما يختفي ال scar بشهور أو سنين تظهر «chronic»

Lichnification: & Hyperpigmentation
Diffuse Chronic Thickening of the Skin Result from Chronic Rubbing or Scratching (Ex; Atopic Dermatitis). Eczema

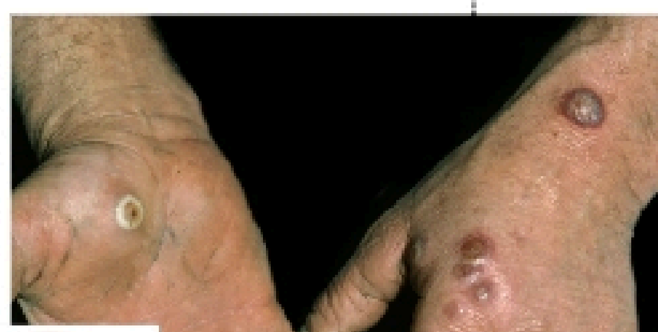
- Special skin lesions :

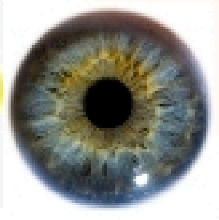
comes ē spot Dx




Burrow

- * **Comedone:** Deposition of Keratin material in Pilo-Sebaceous Hair Follicle Seen in Acne.
- * **Burrow:** Tunnel in the Superficial Epidermis Caused by Scabies.
- * **Target Lesion:** Also called "*Iris lesion*" Consists of 3 Zones; Dark or blistered Center, Surrounded by Pale Zone, and the third Zone Consists of a Rim of Erythema Seen in Erythema Multiform.



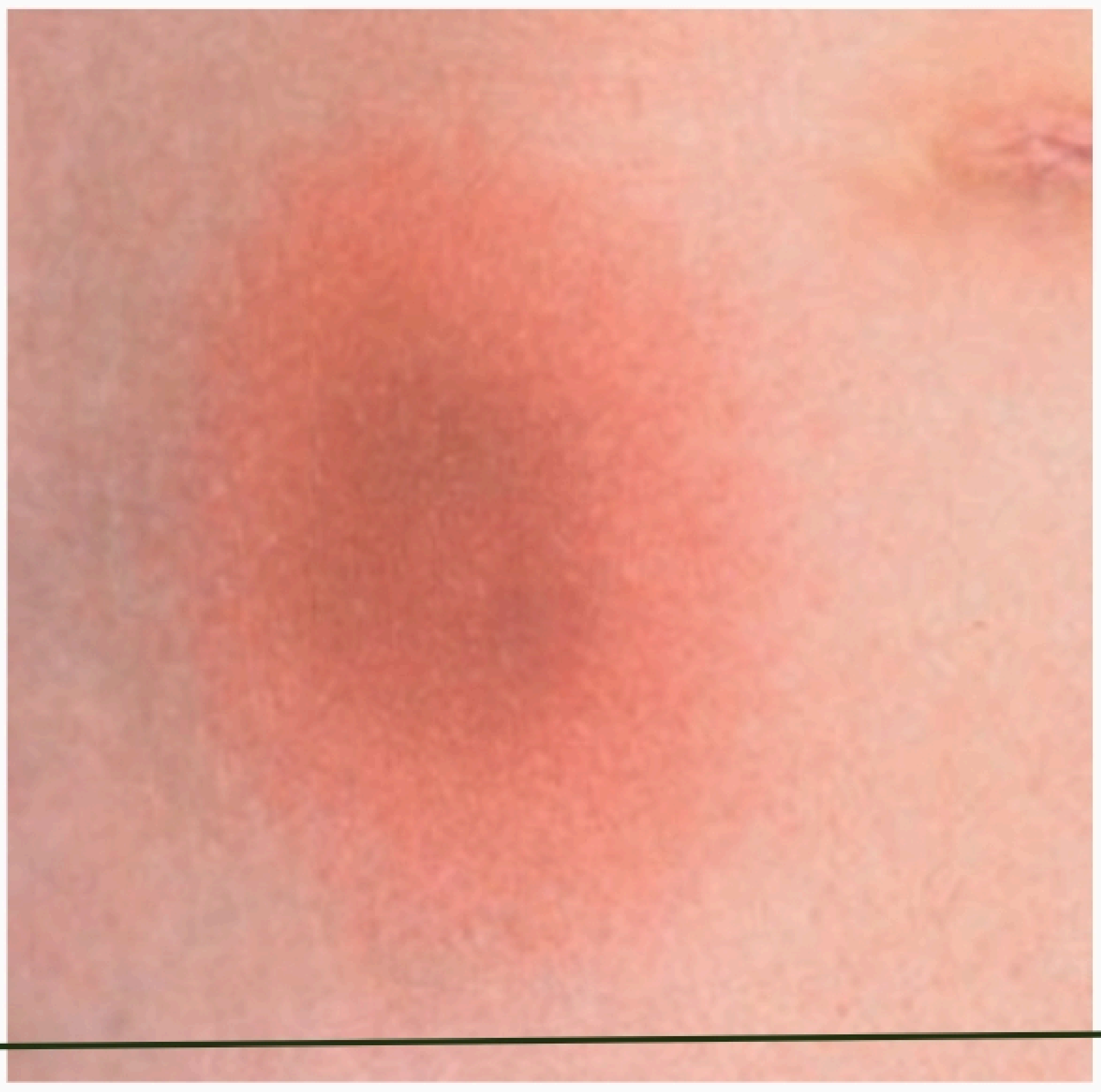


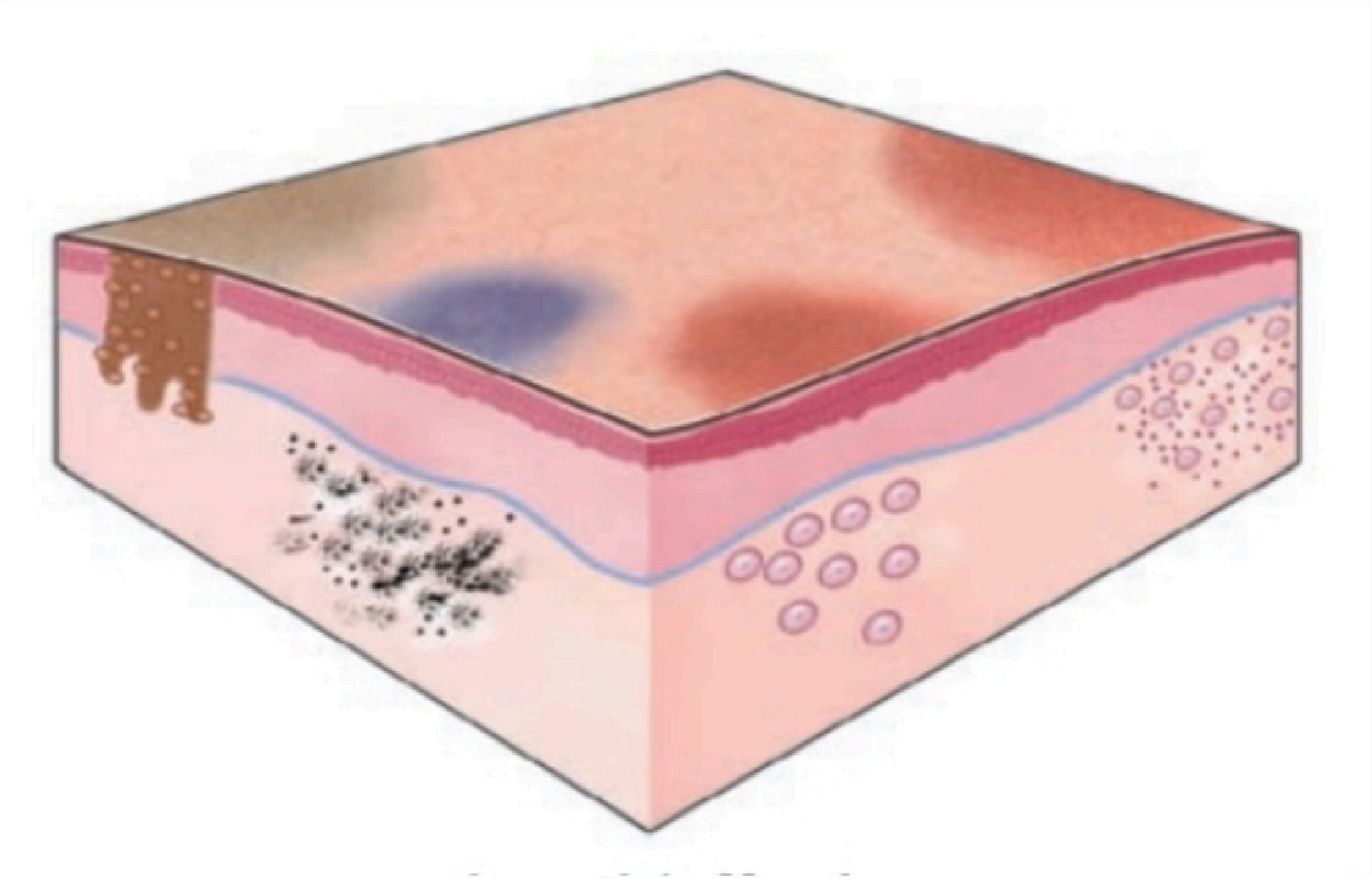
- * **Telangectasia:** Small Dilated superficial Capillary that blanch by Pressure (Ex; Rosacea)
- * **Petechiae:** Pin point Haemorrhage < 1cm
- * **Purpura:** Small Extravasations of Blood of Small Blood Vessels in the Skin > 1cm
- * **Ecchymosis:** Large Extravasations of Blood into the Skin.

How to Describe Skin Lesion

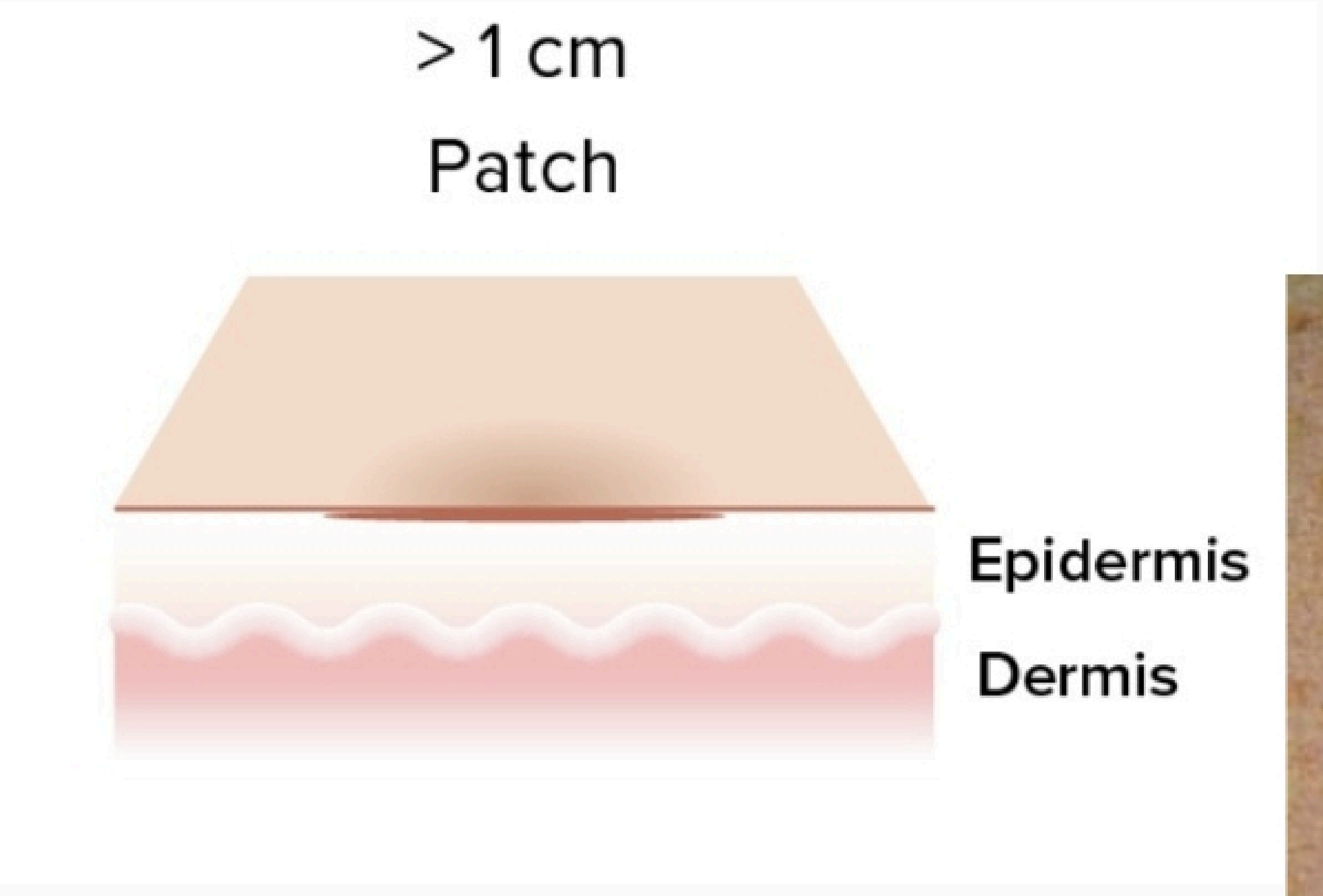
1- **Say**→ Single or Multiple… 2- **Say**→ Unilateral or Bilateral (if it was in Limb)… 3- **Say**→ The Color of the Lesion.
4- **Say**→ The Primary Lesion (Ex; Patch or Papule)… 5- **Say**→ The Color of the Base that Surround The Primary Lesion..
6- **Say**→ The Secondary Lesion That Cover or above The Primary Lesion (Ex; Covered with Scale or Covered with Crust)

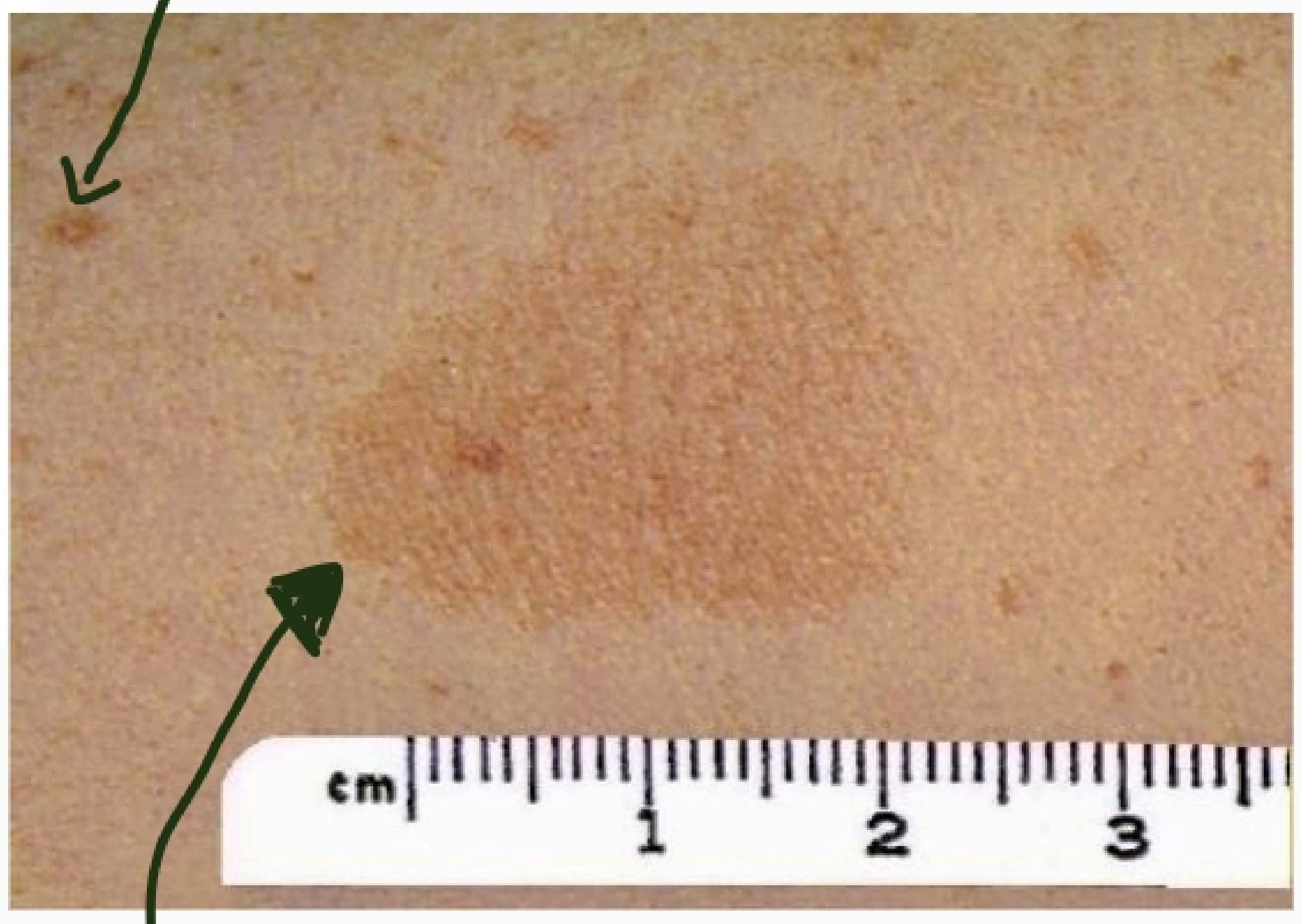
ملاحظة :- ال pustule ممكن تكون 1ry أو 2ry
1ry → on intact skin
2ry → on top of nodule

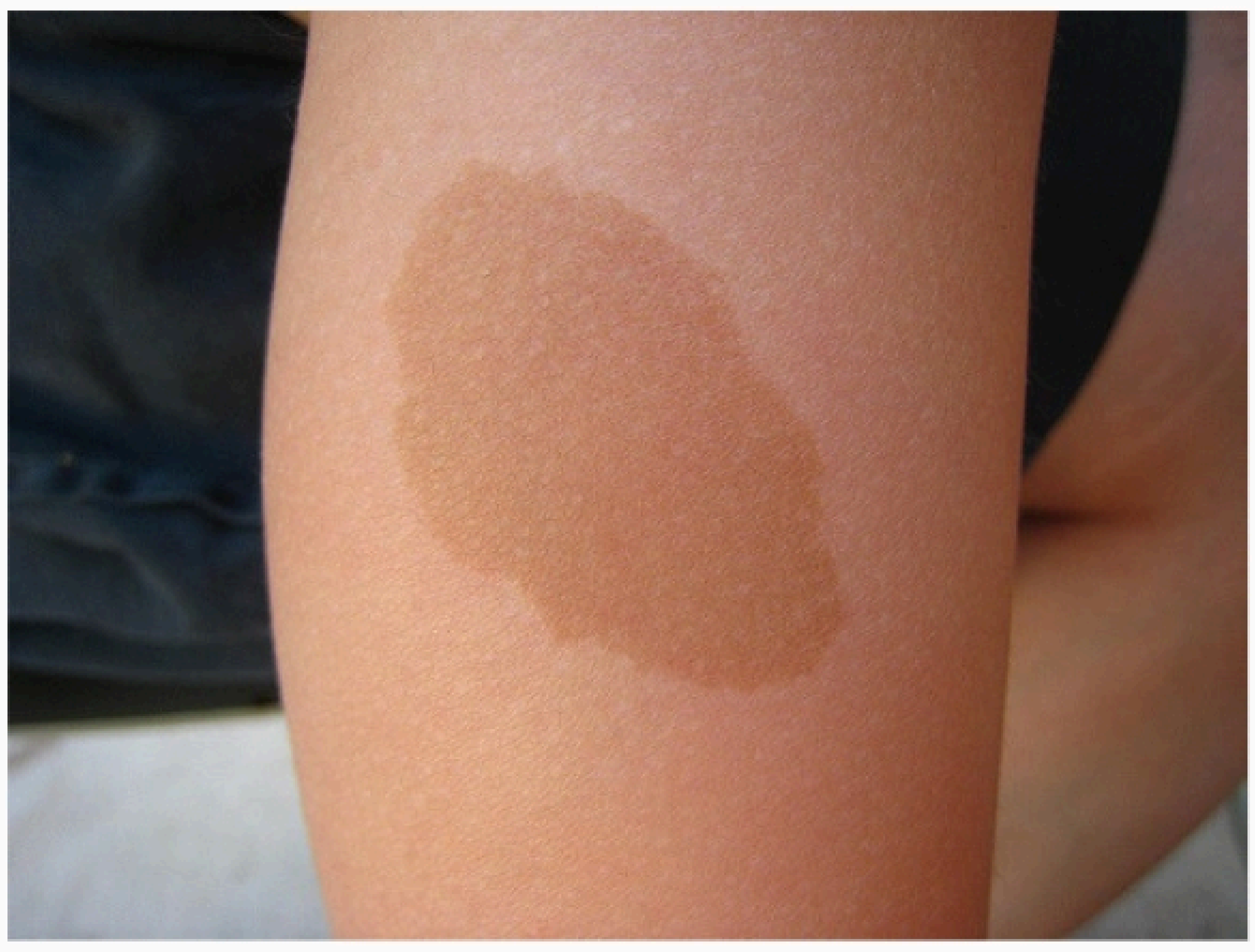




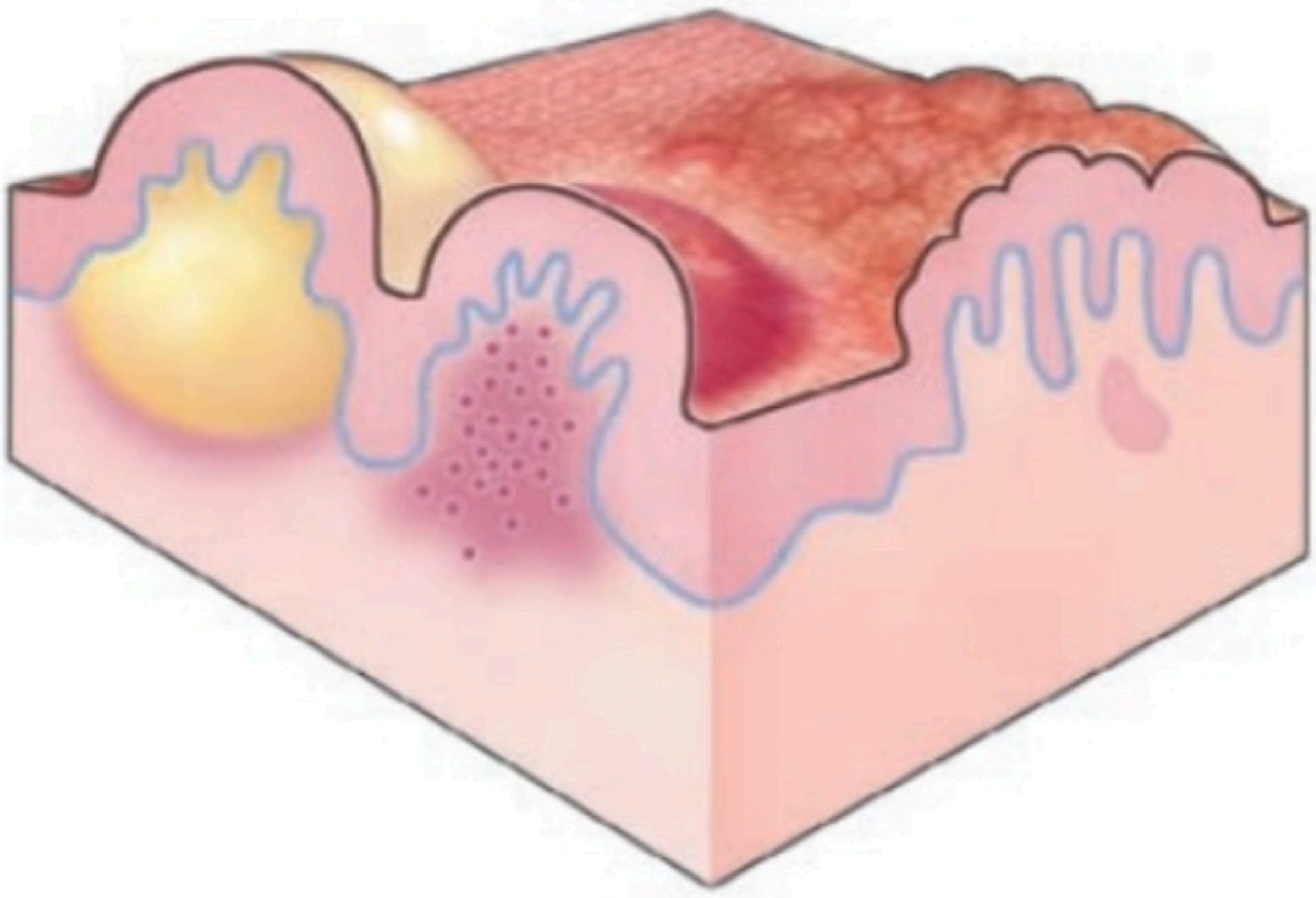
Macaule

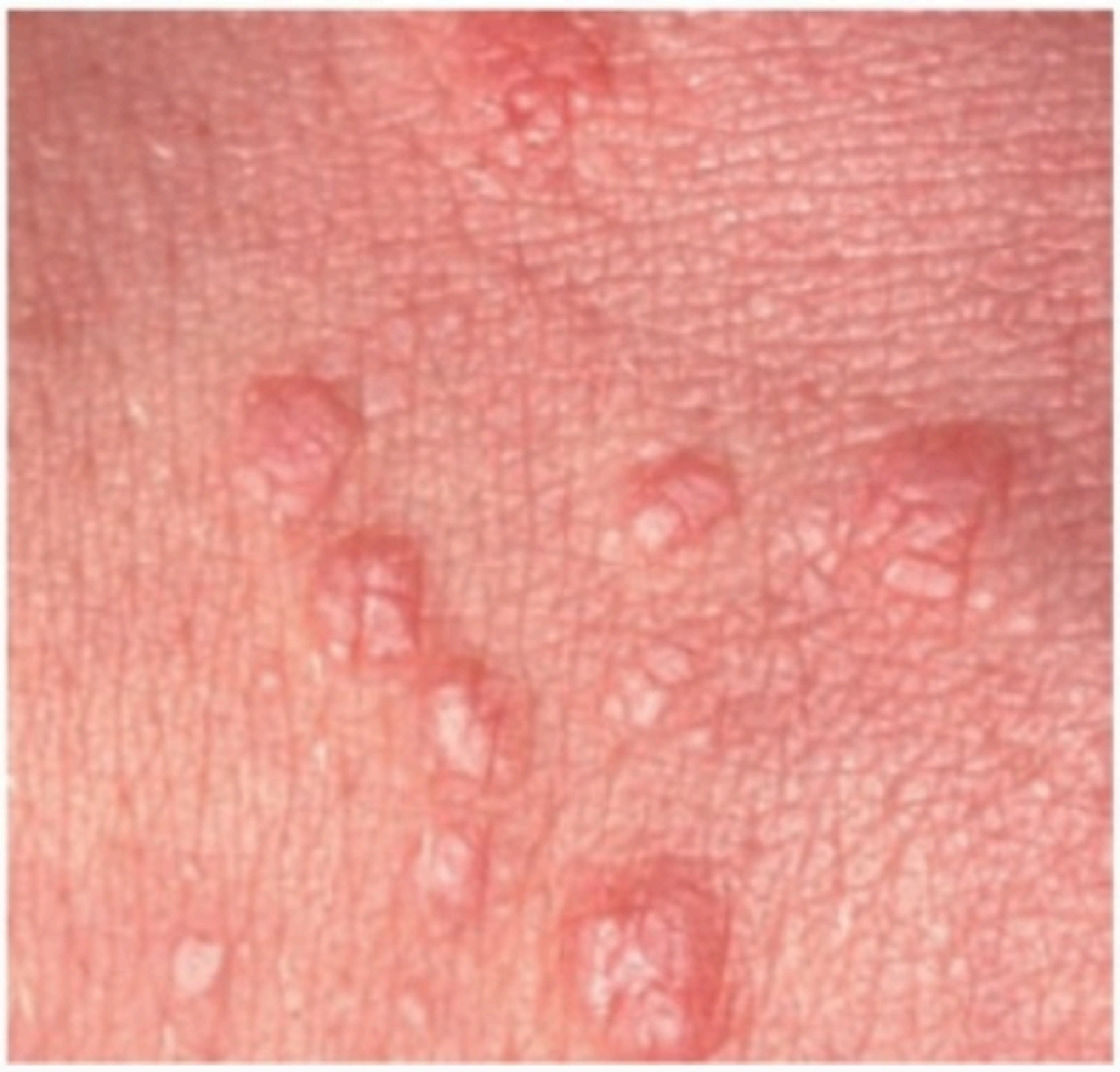

> 1 cm
Patch
Epidermis
Dermis



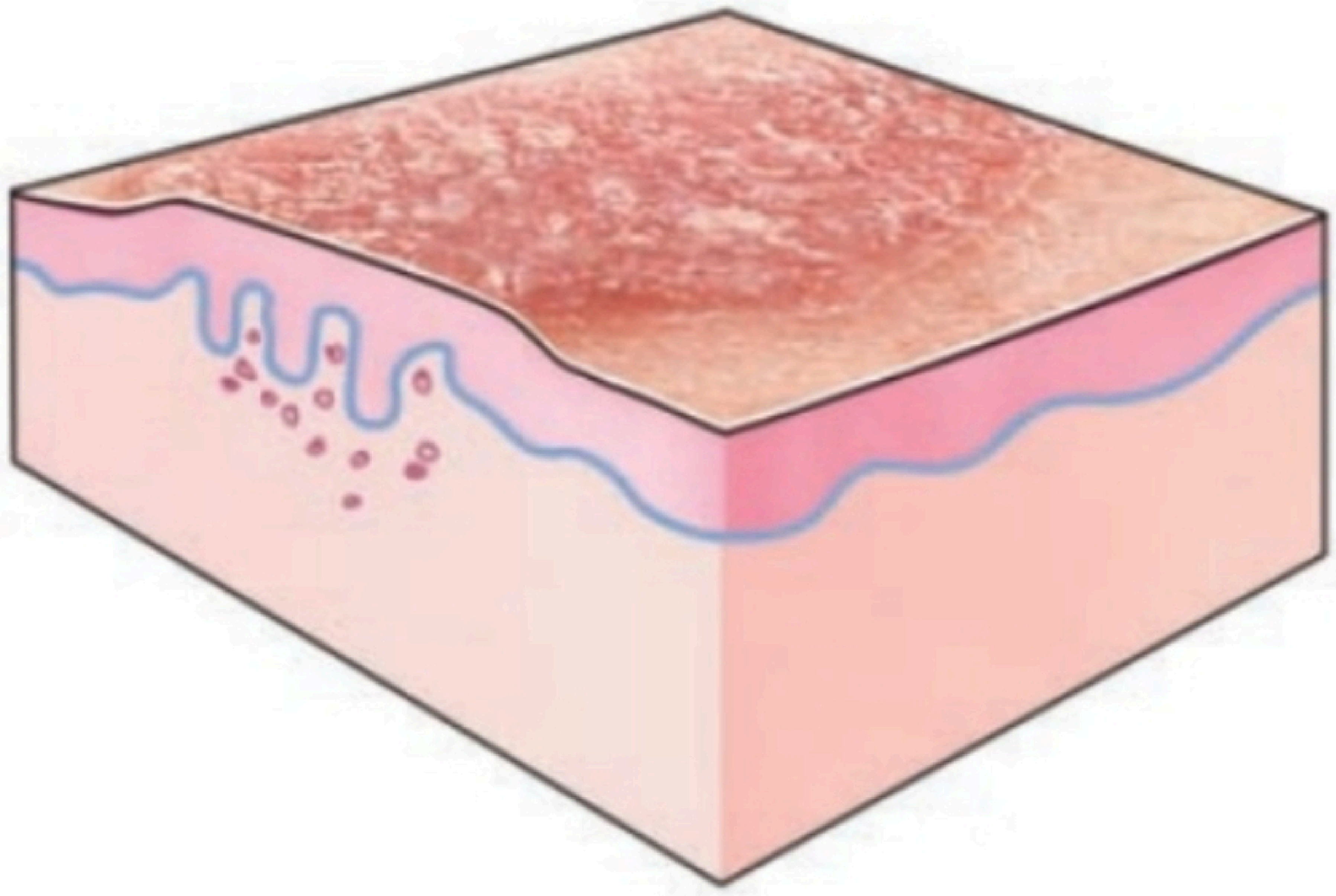


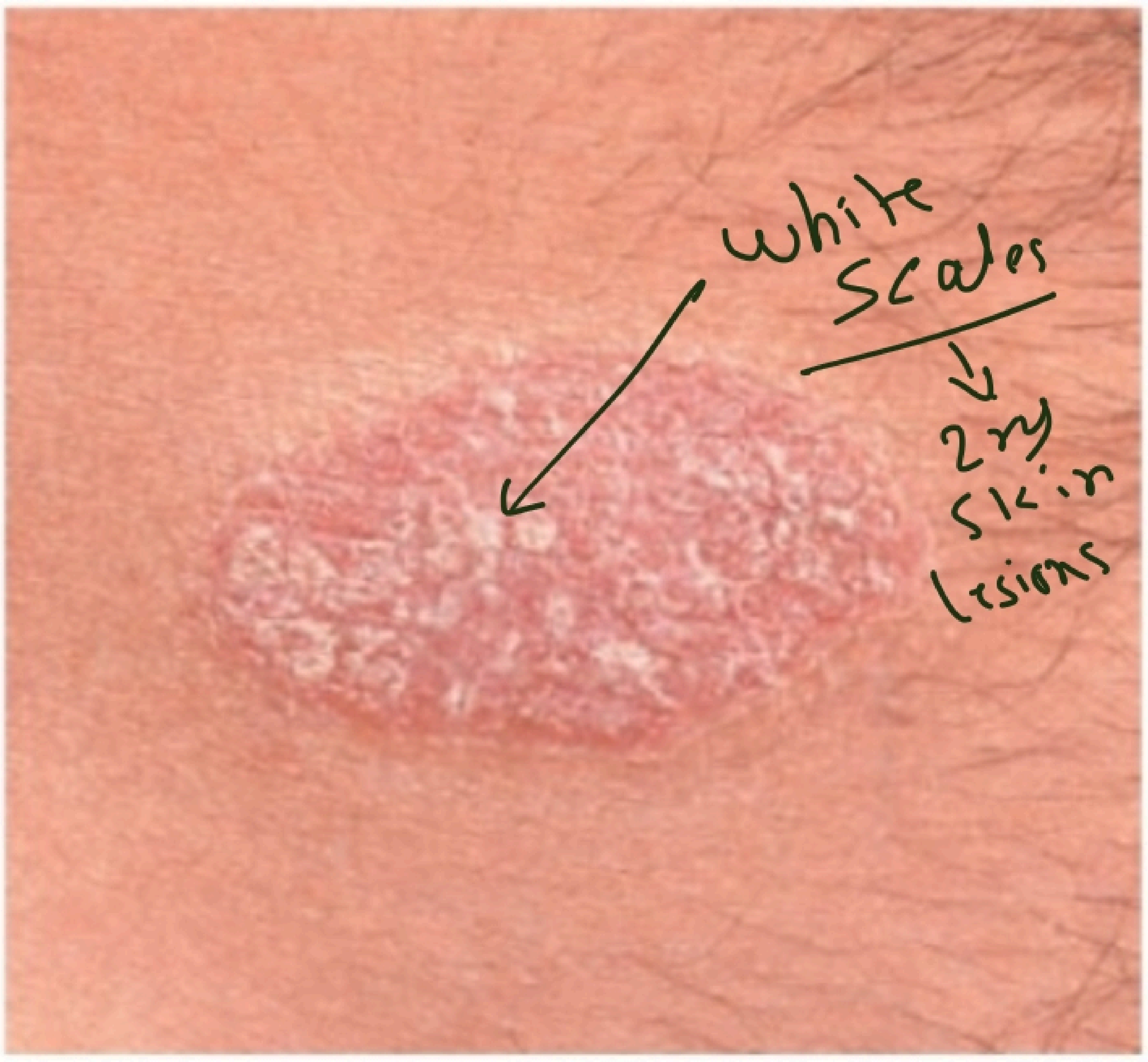
patch





Papule

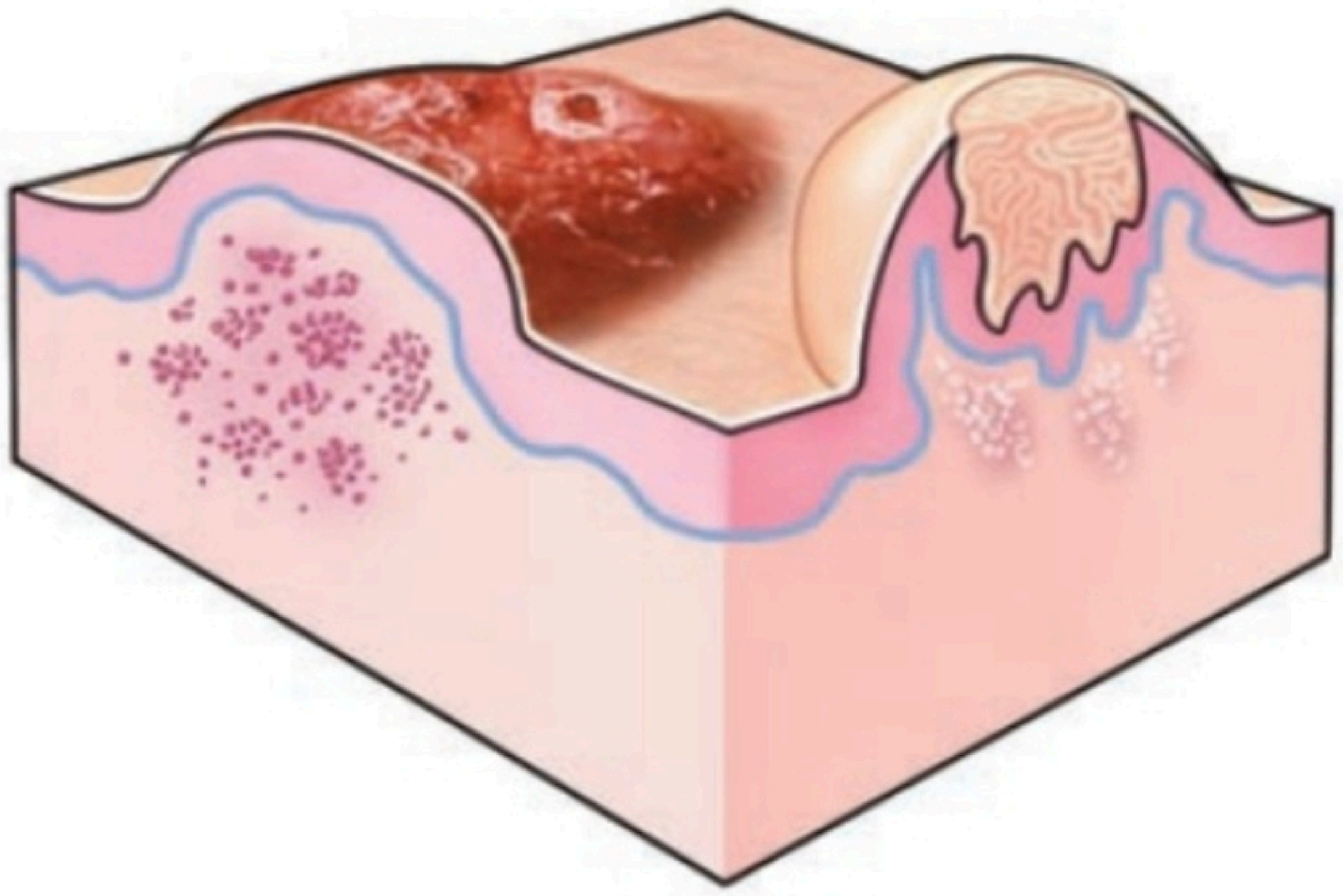


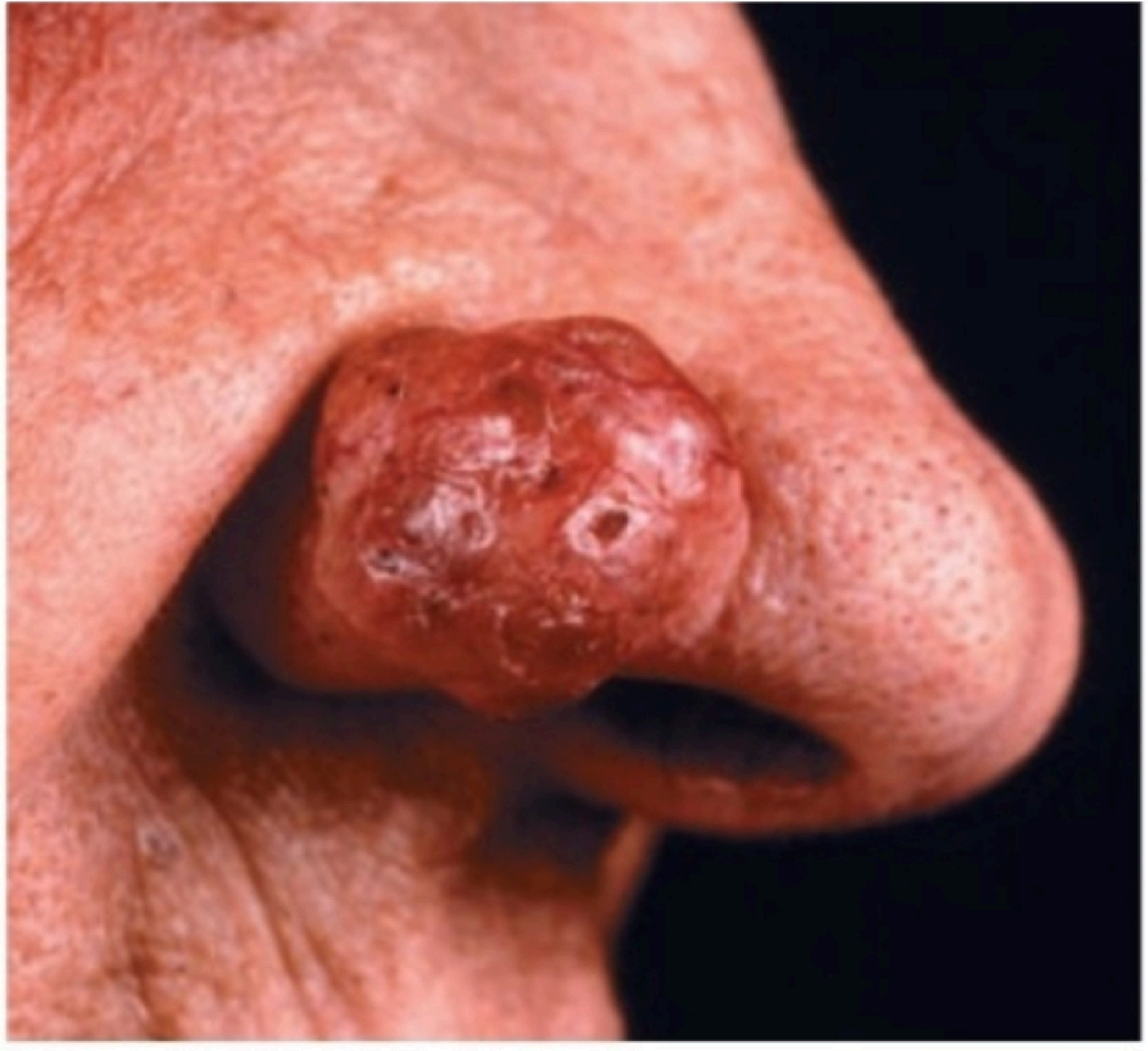


white scales
→ 2ry skin lesions

plaque

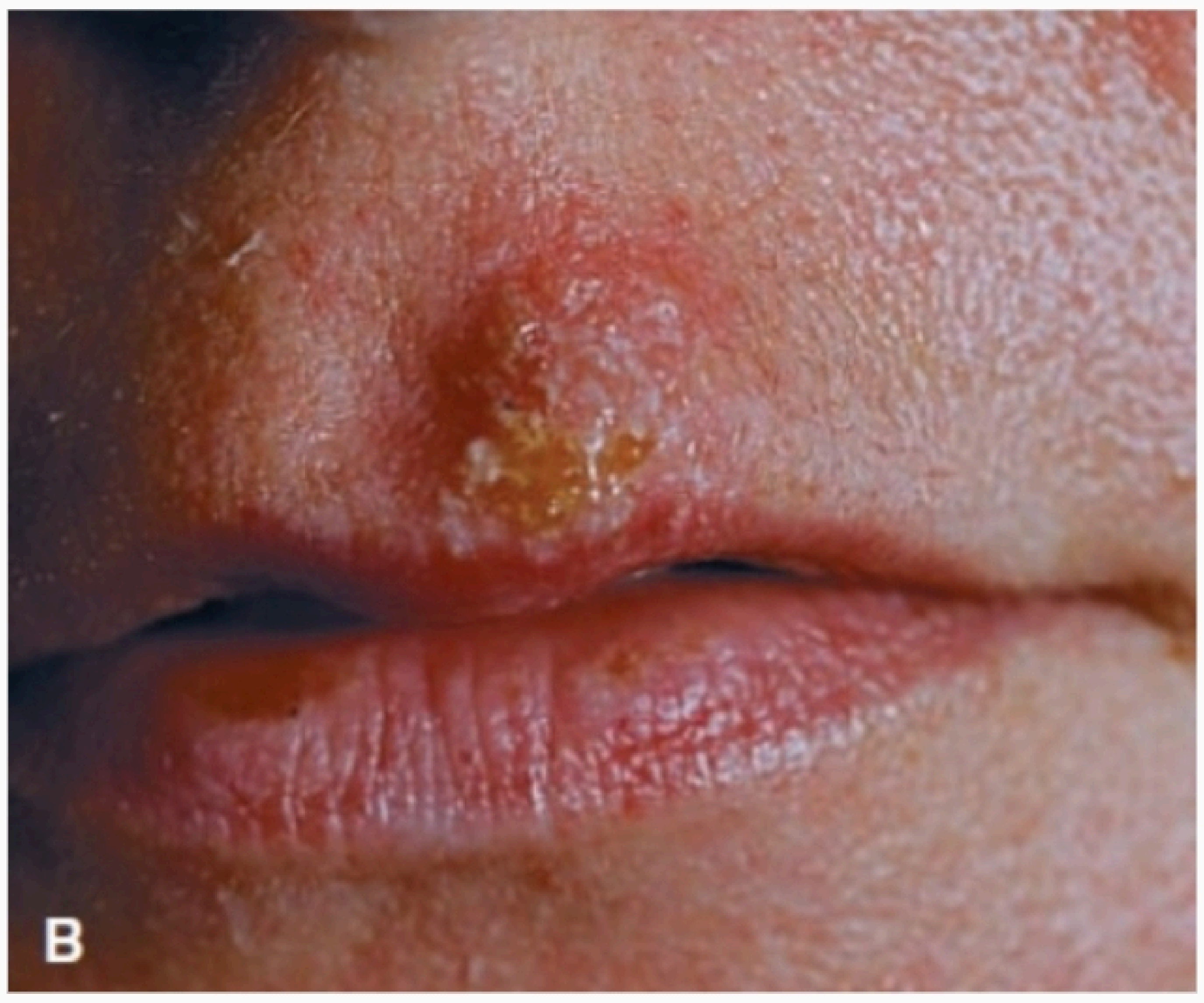
D.D
- psoriasis.
- Lichen planus.
- Eczema.
- Fungal infection.





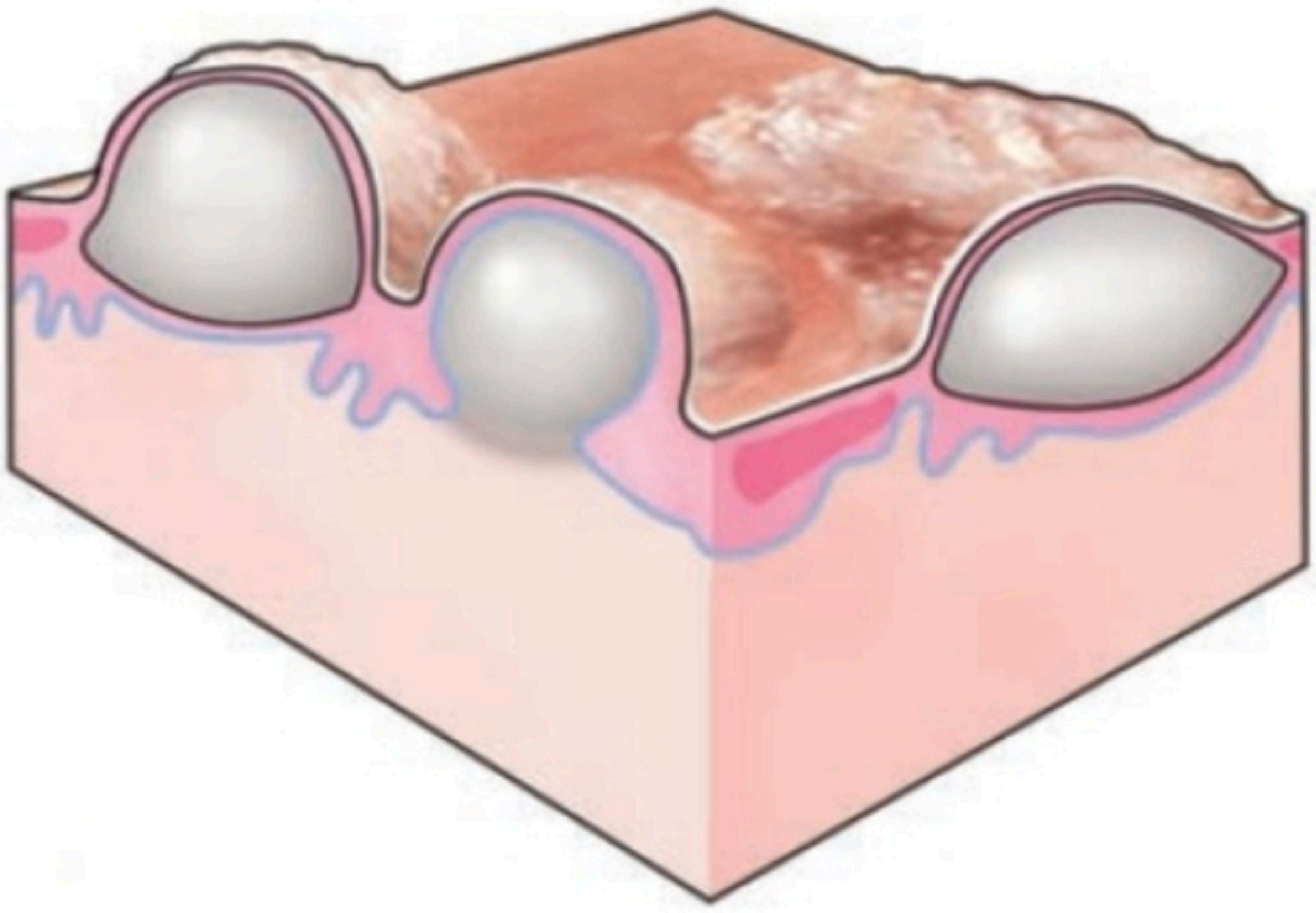
Nodule

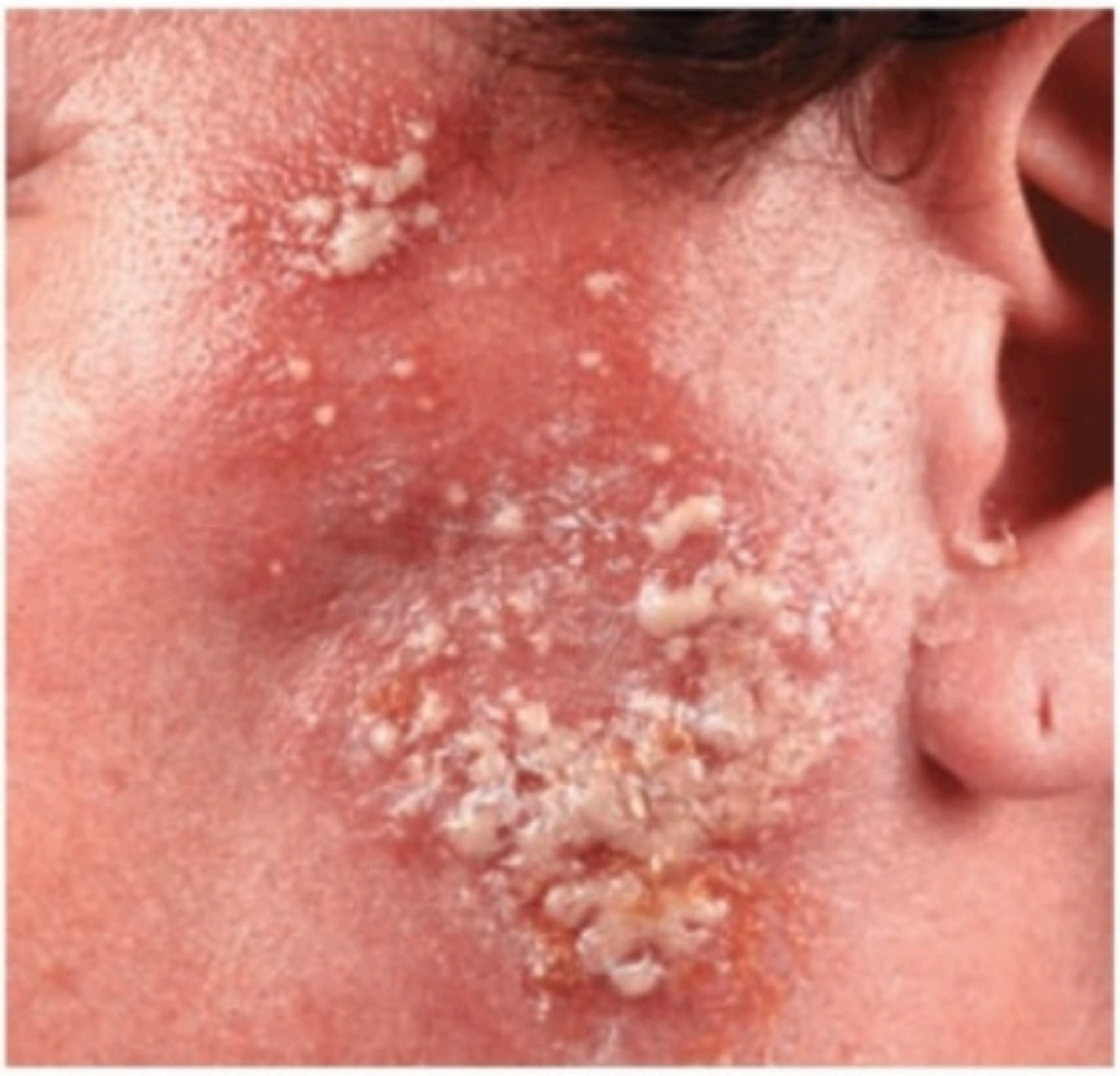
DD
- Lishmaniasis
- syphilis
- Furuncle
- Carbuncle



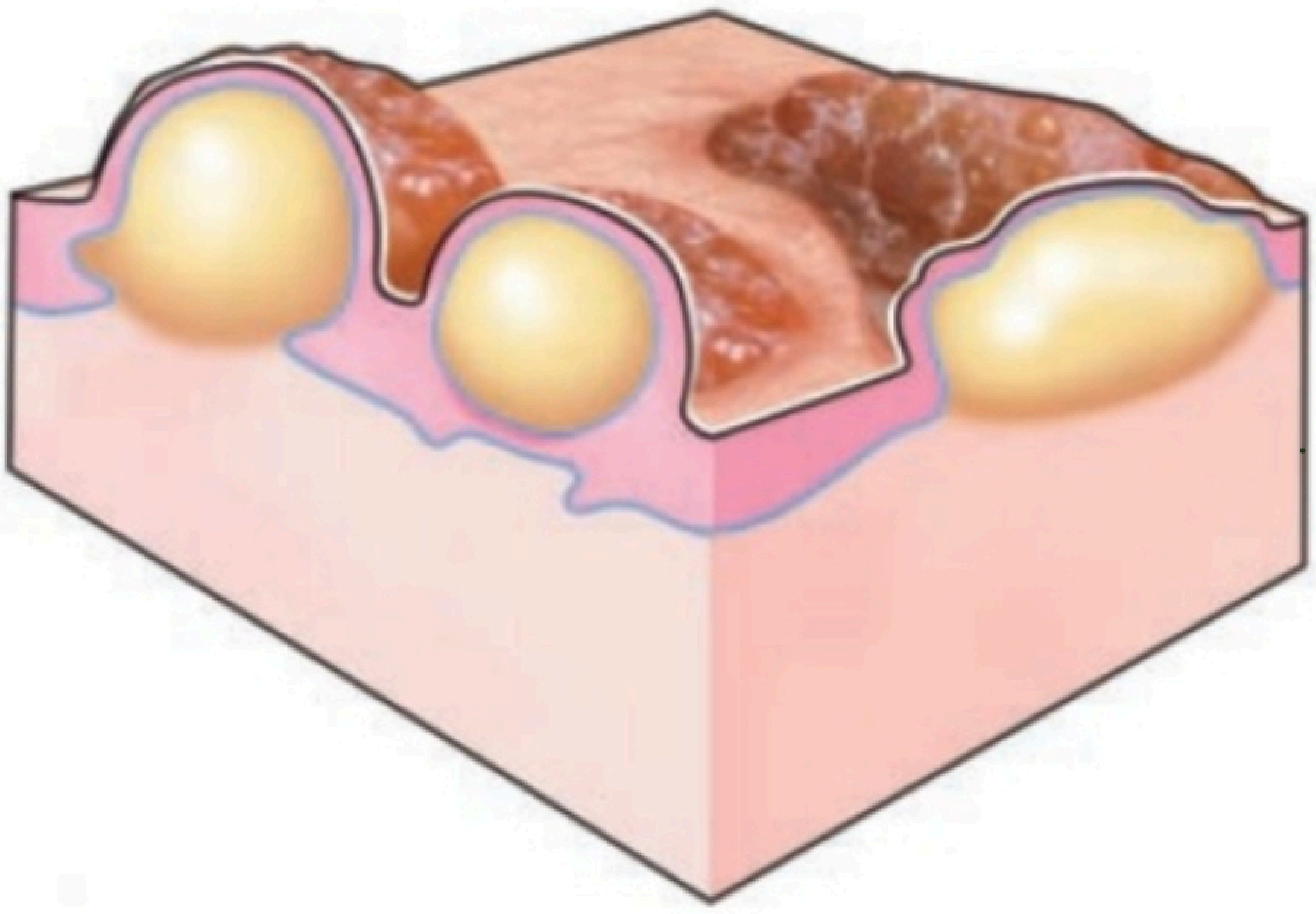
vesicle

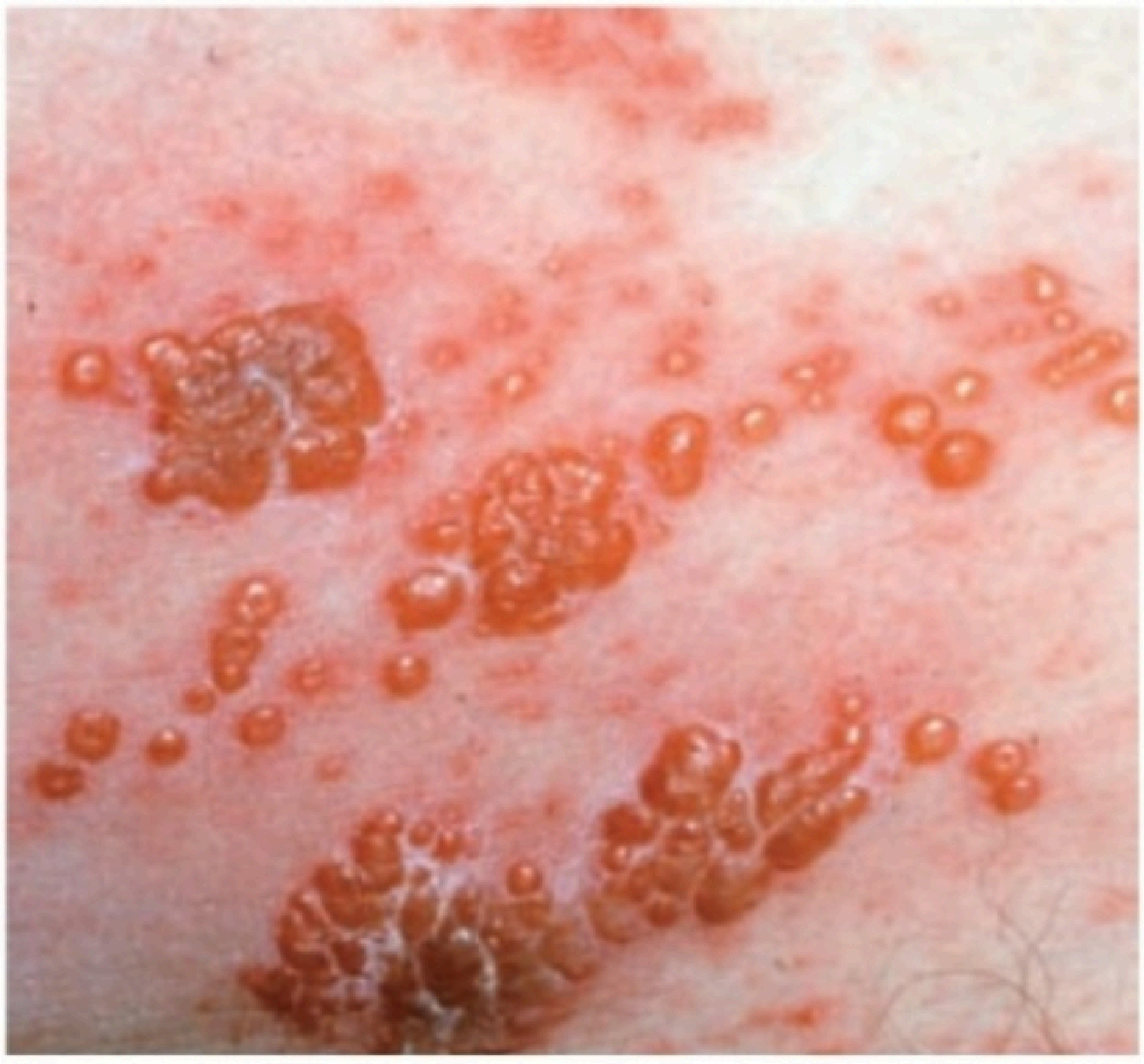
D.D
- HSV
- HZV
- impetigo
- Eczema



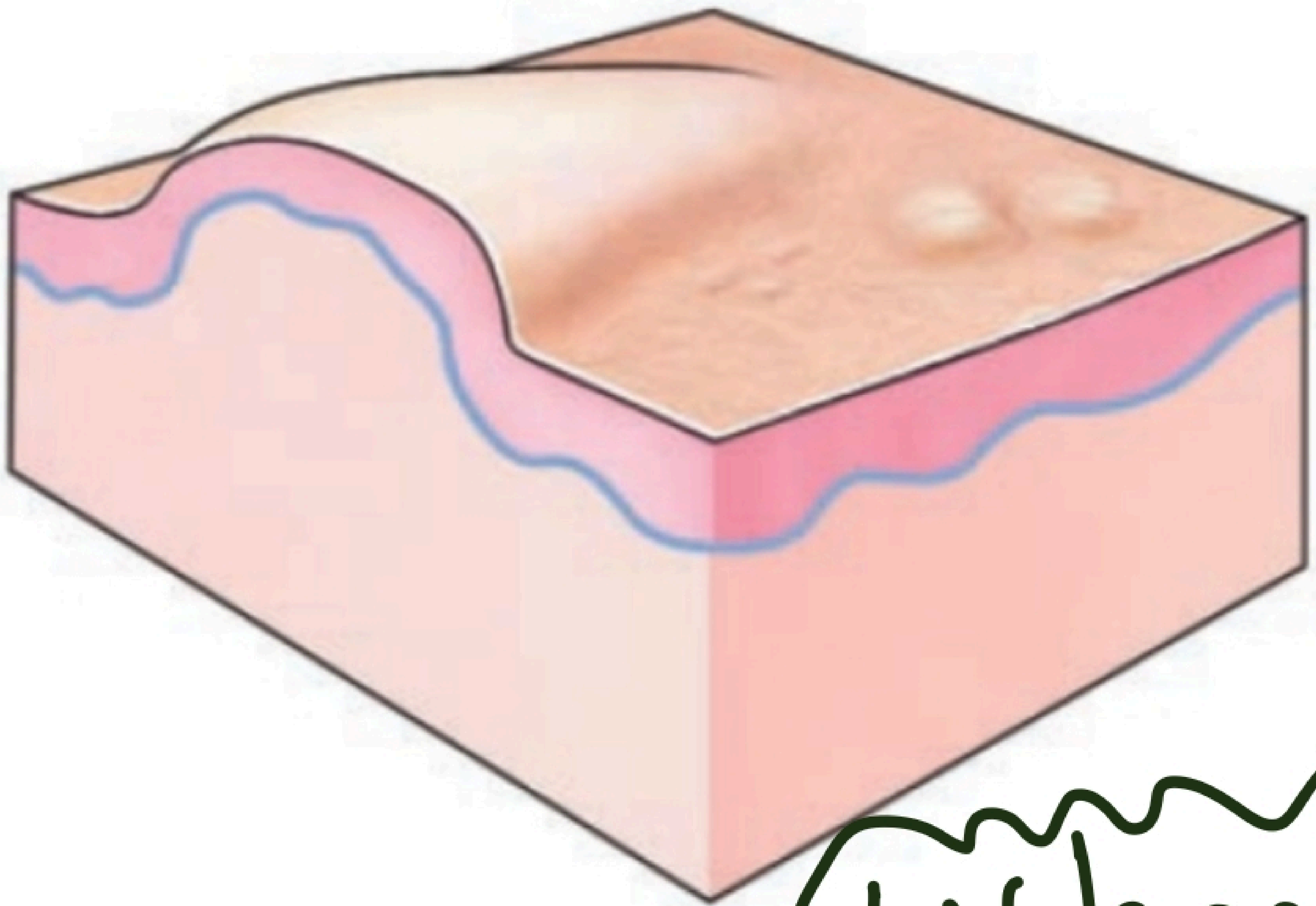


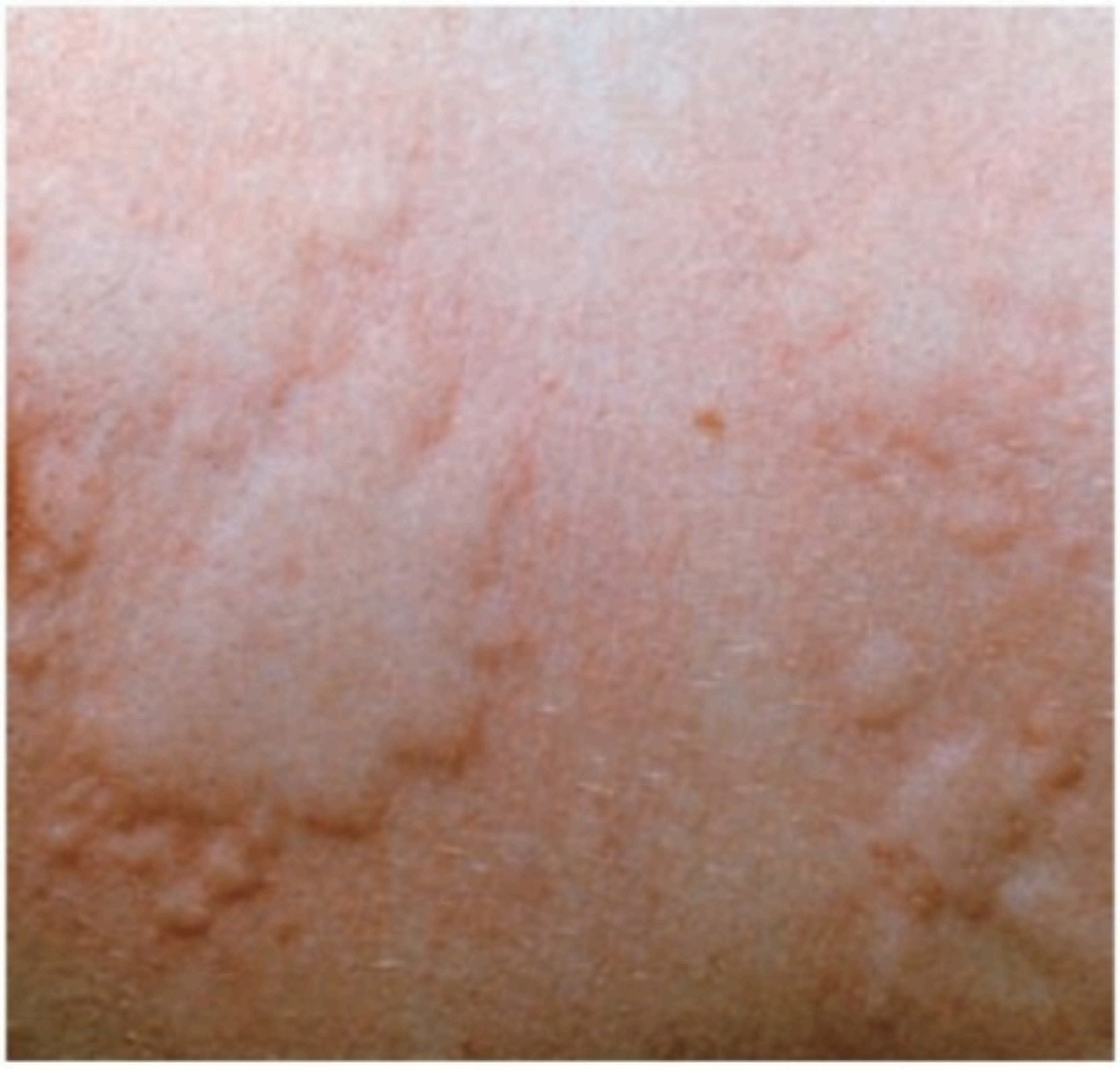
pustule



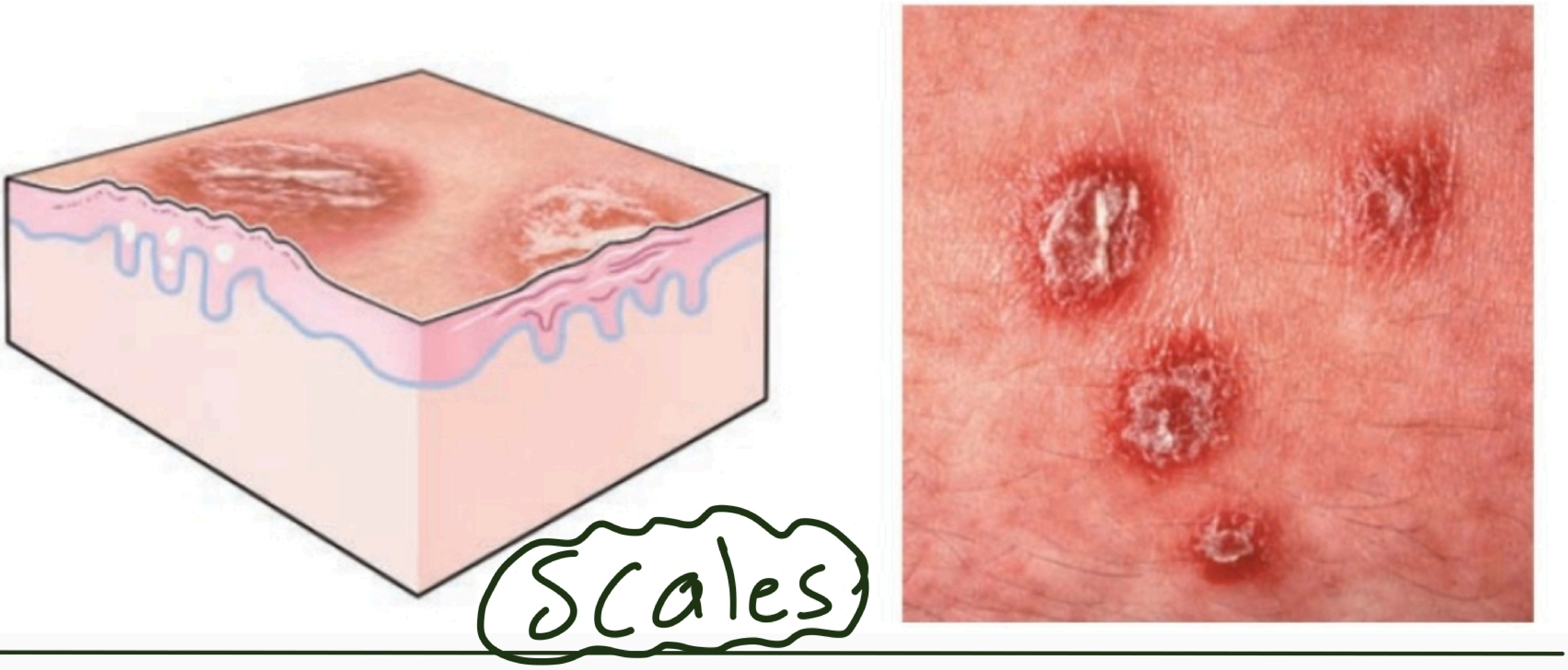


Bulla

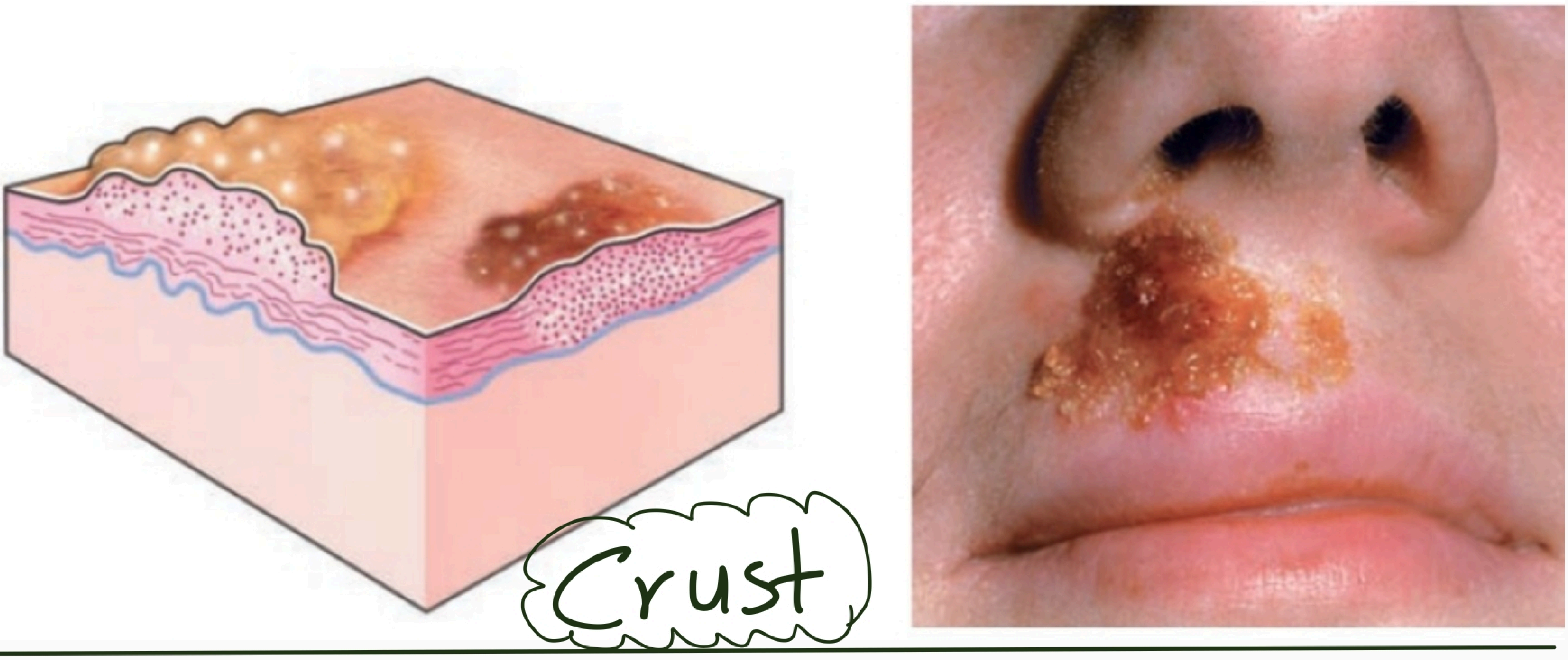




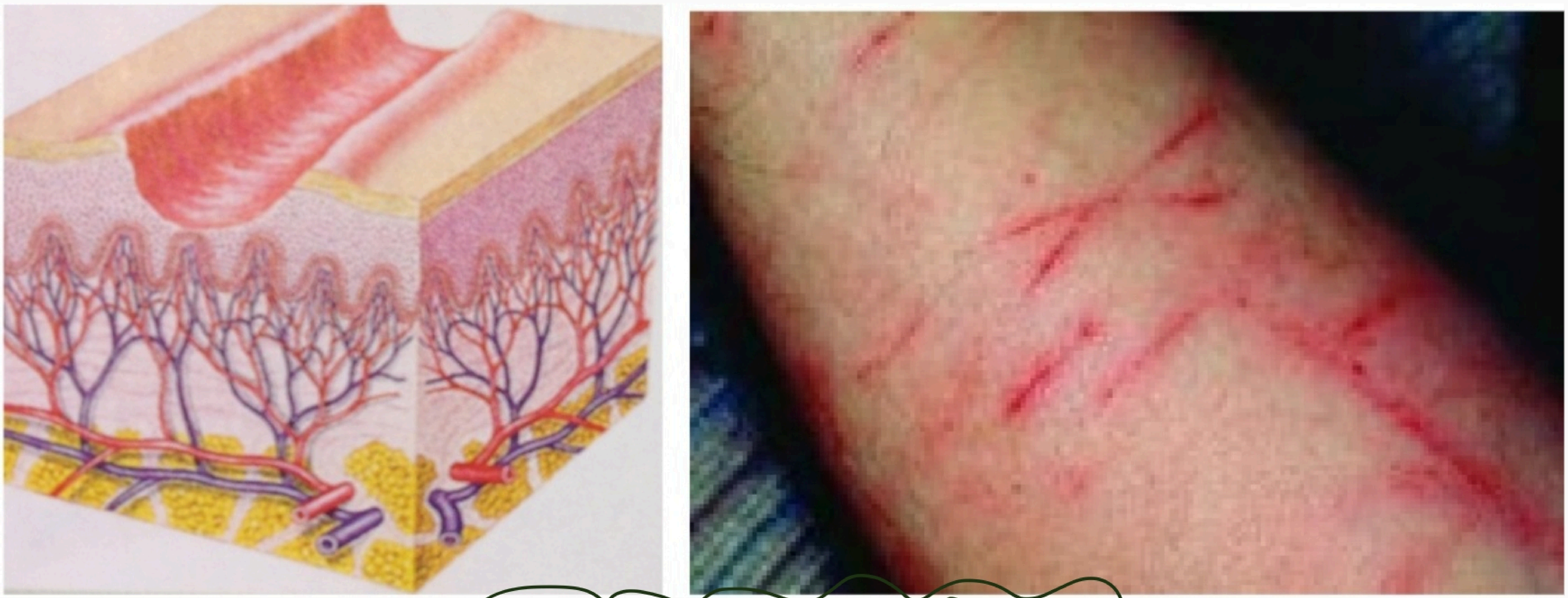
(Wheel)



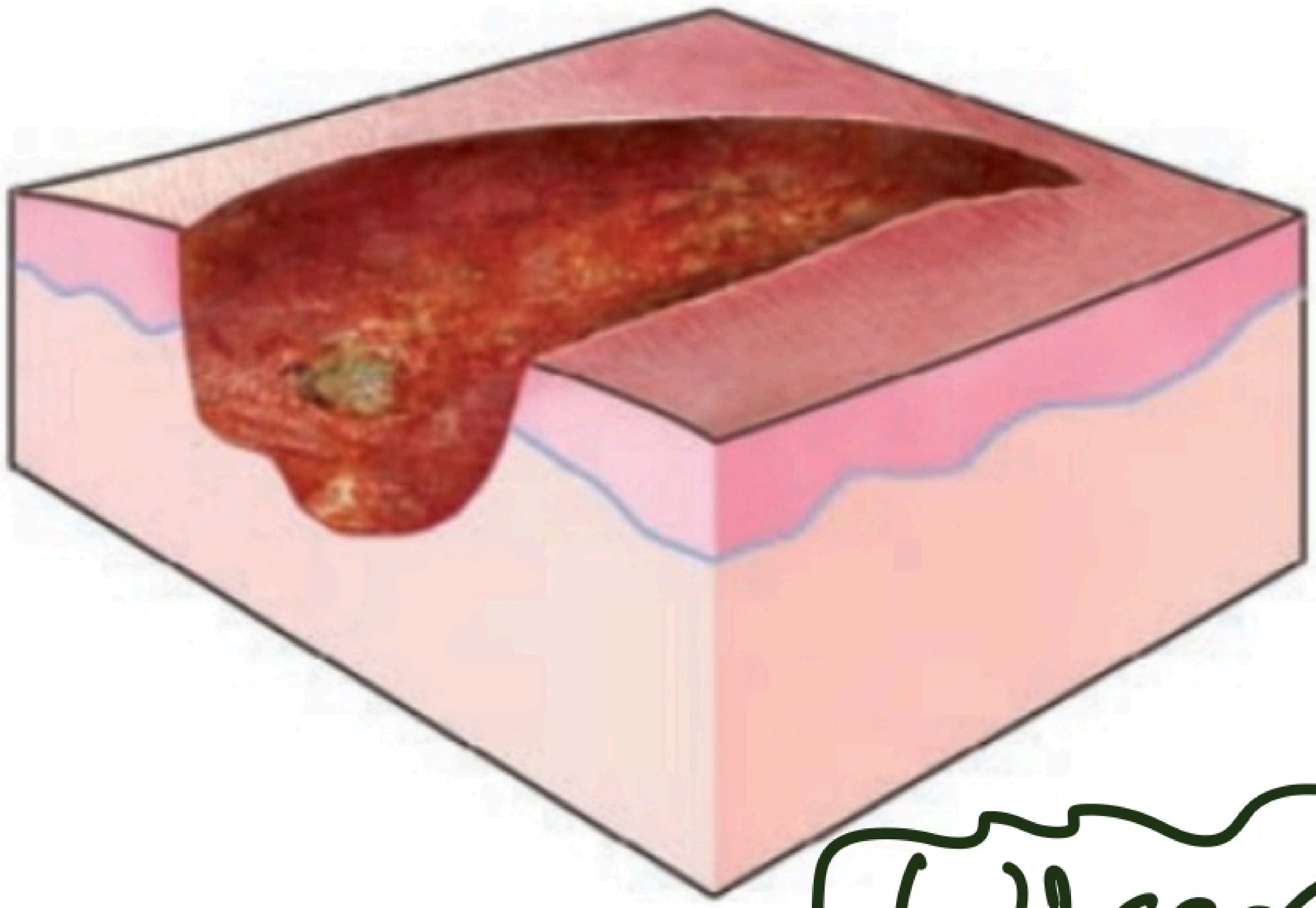
Scales

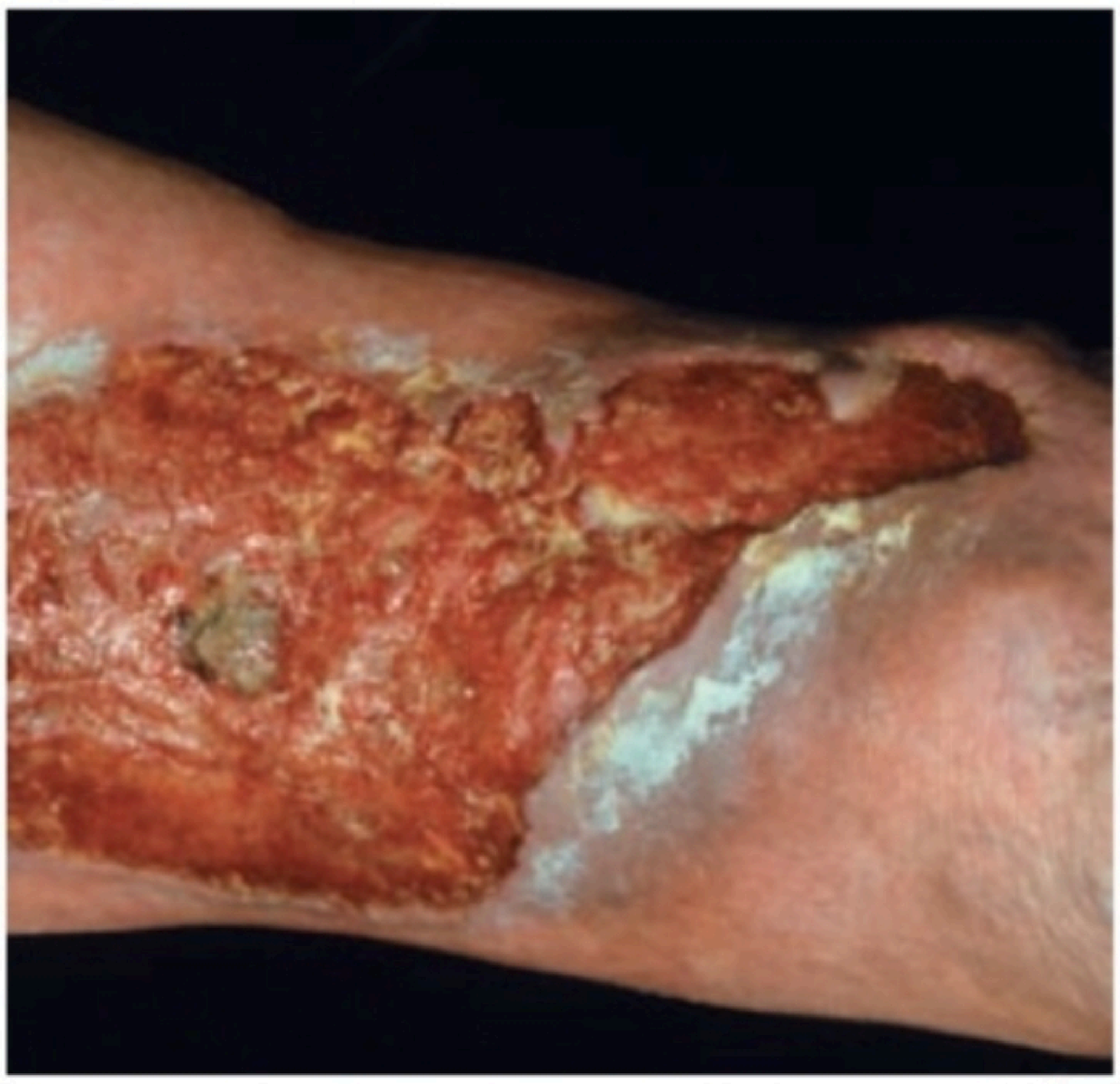


Crust

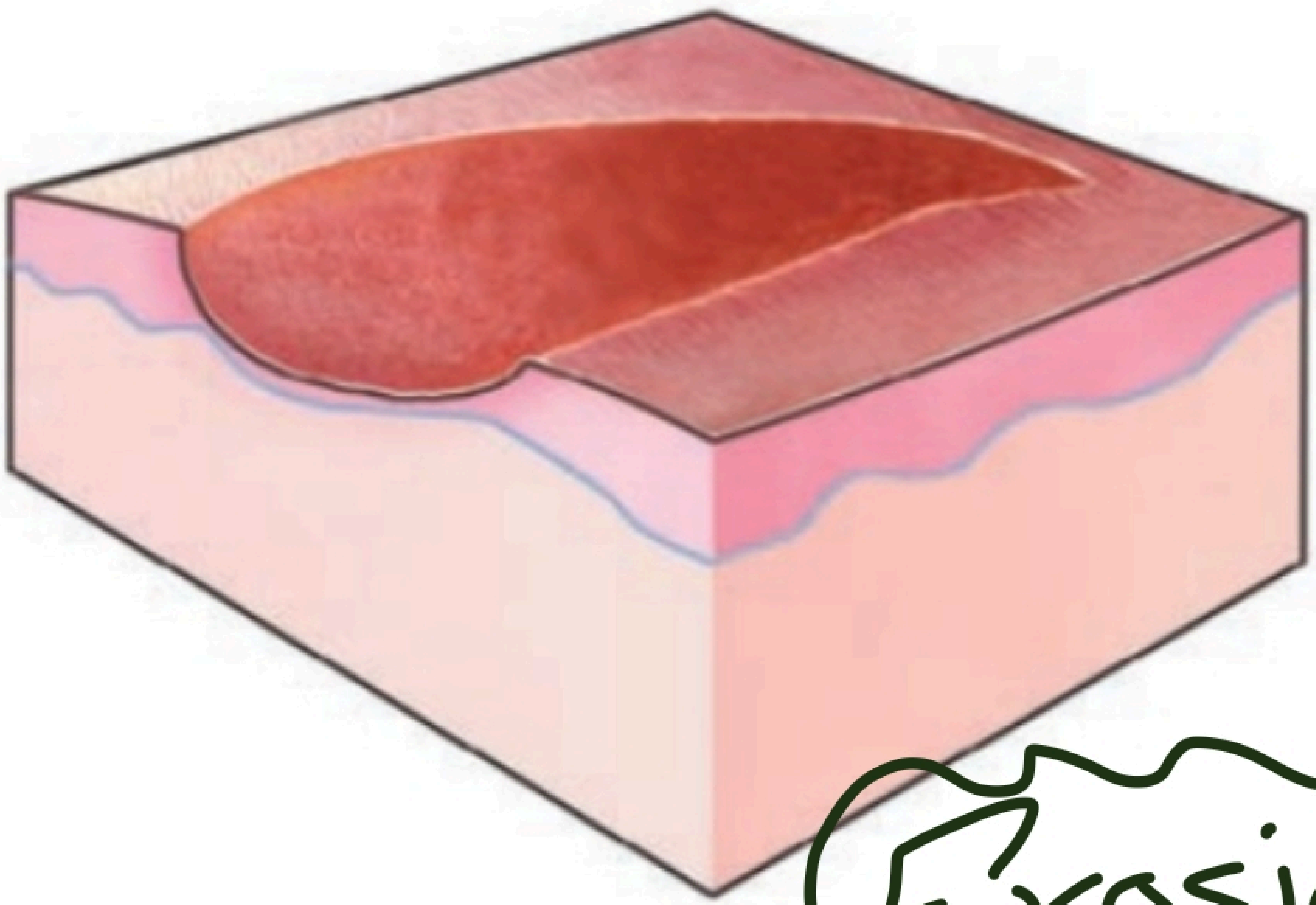


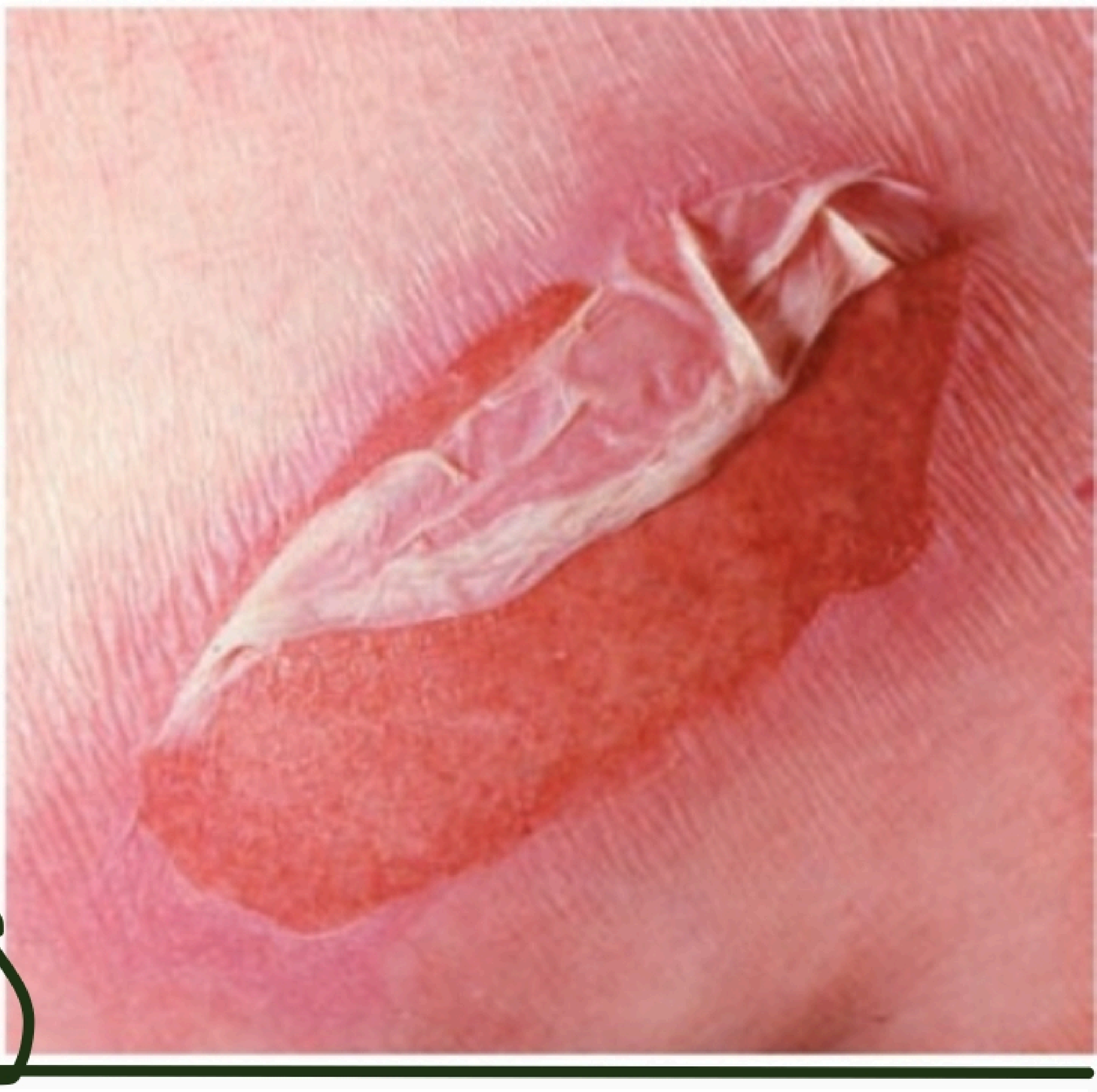
Excoriation



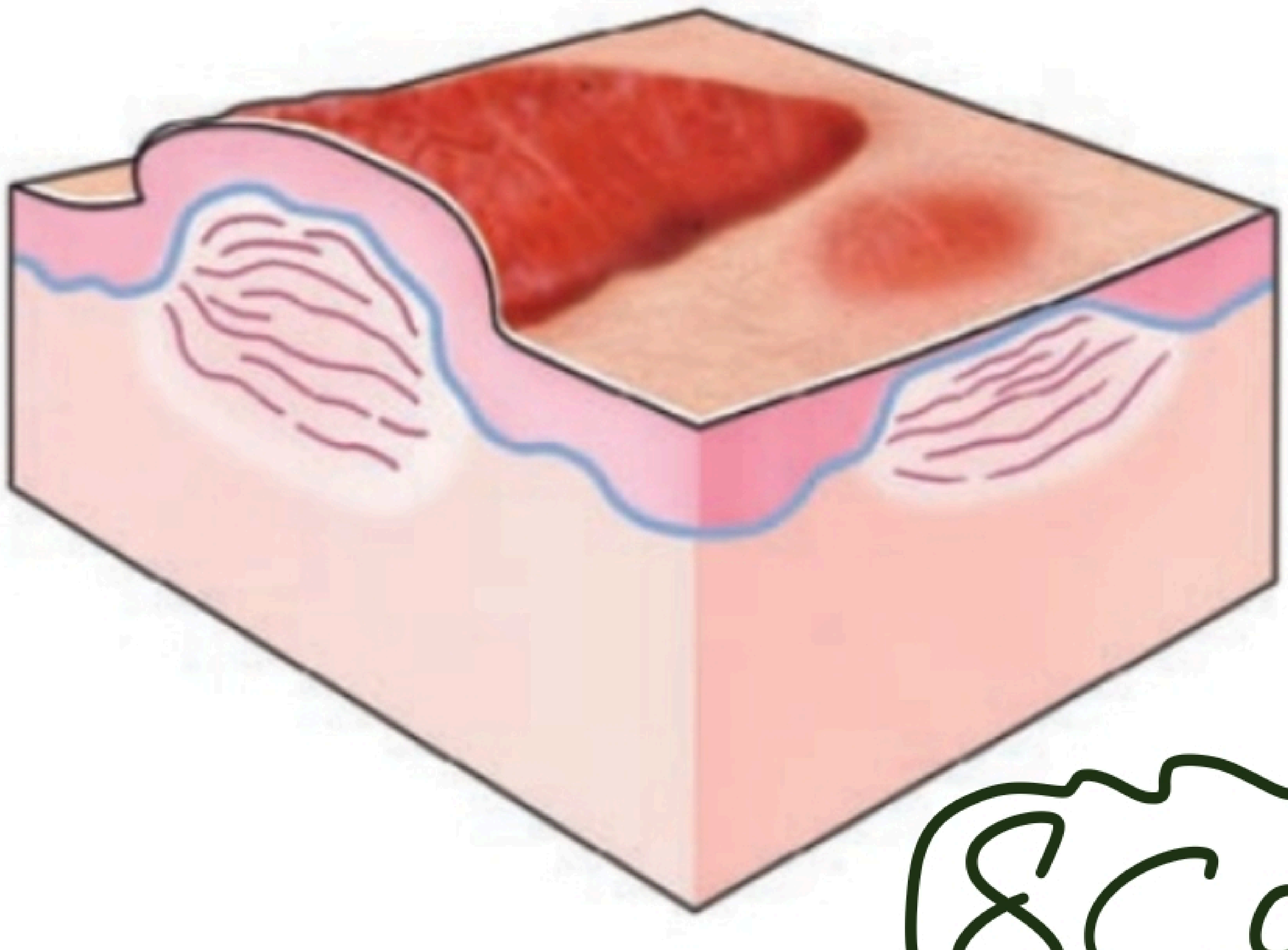


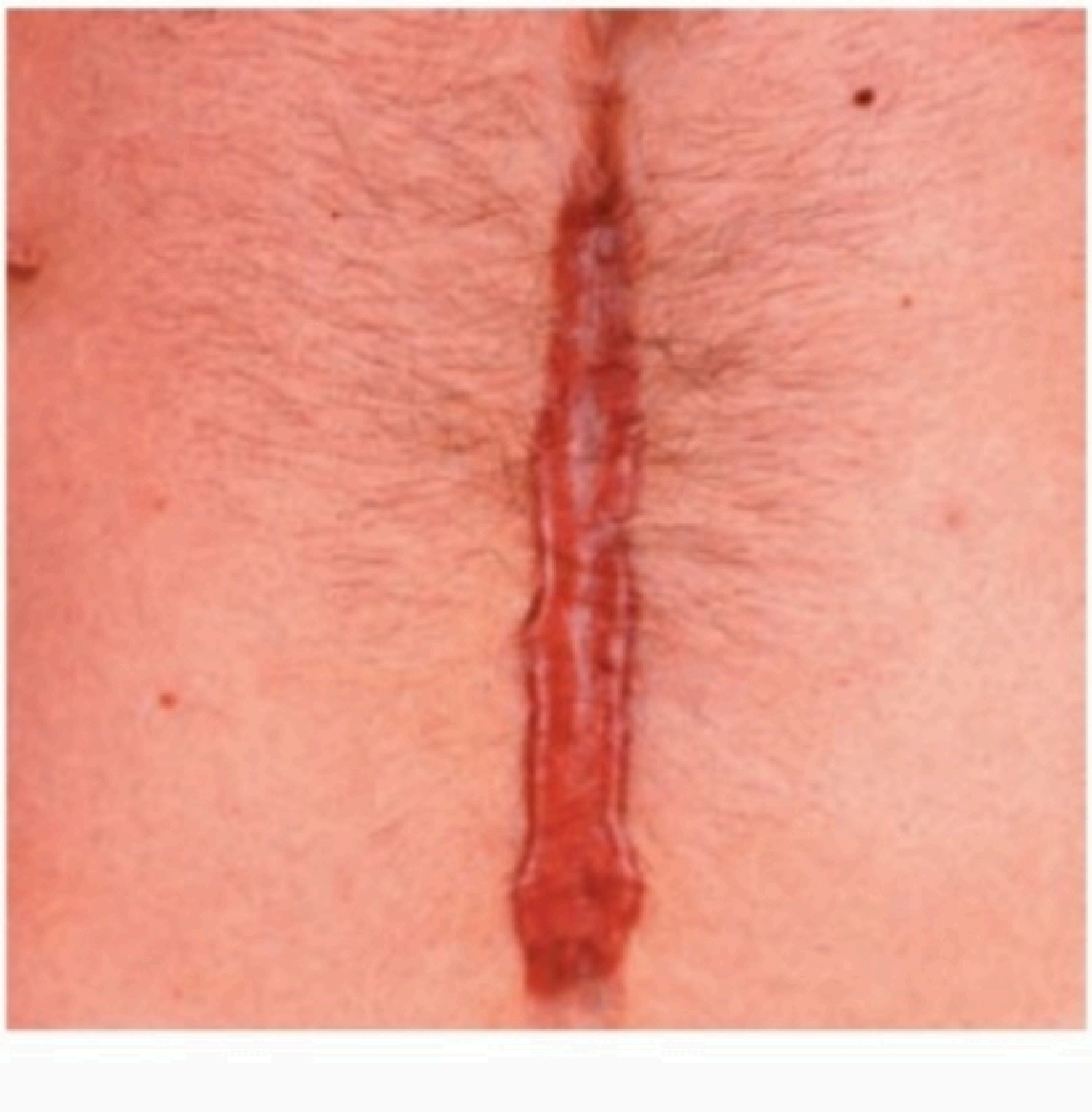
Ulcer



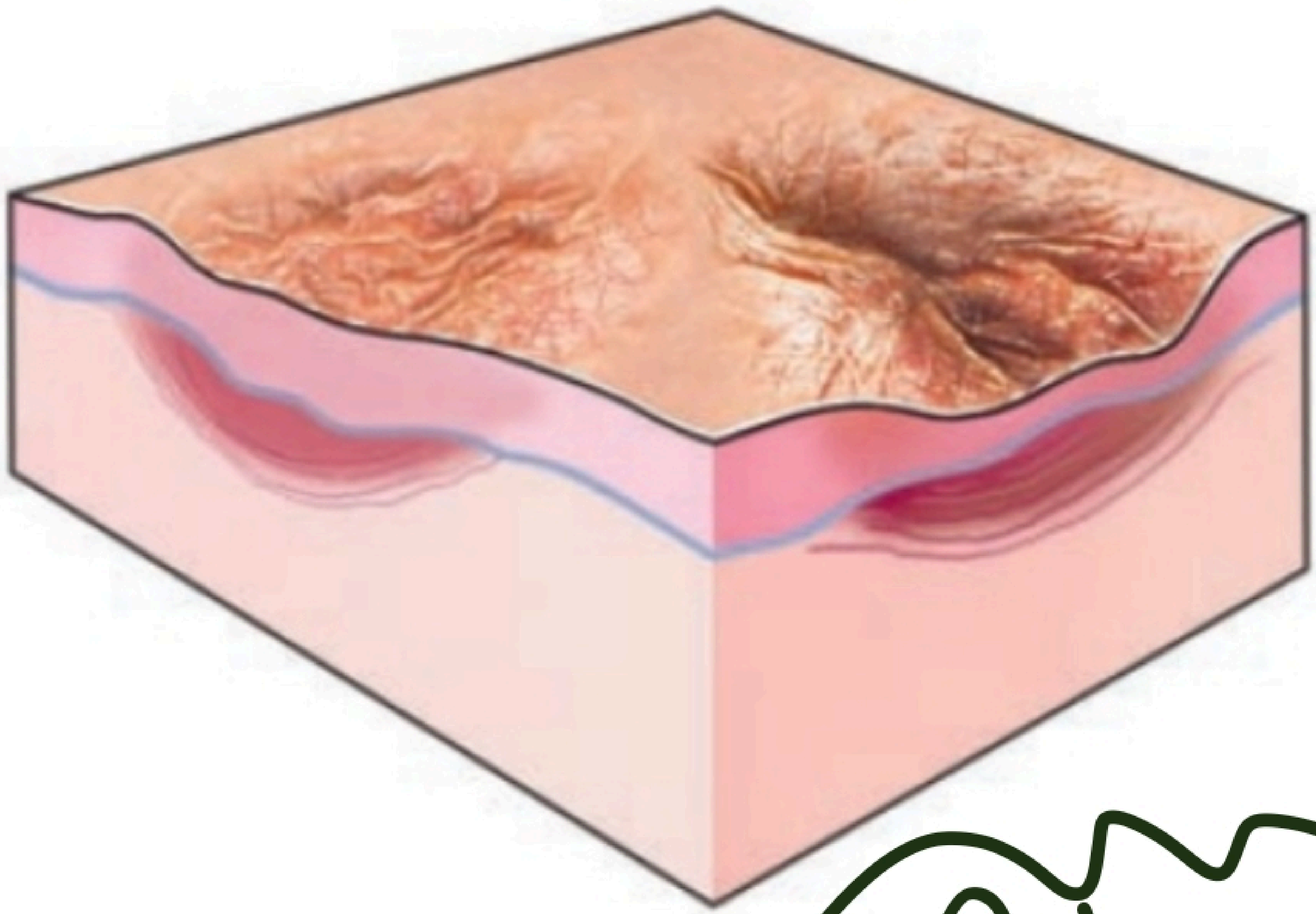


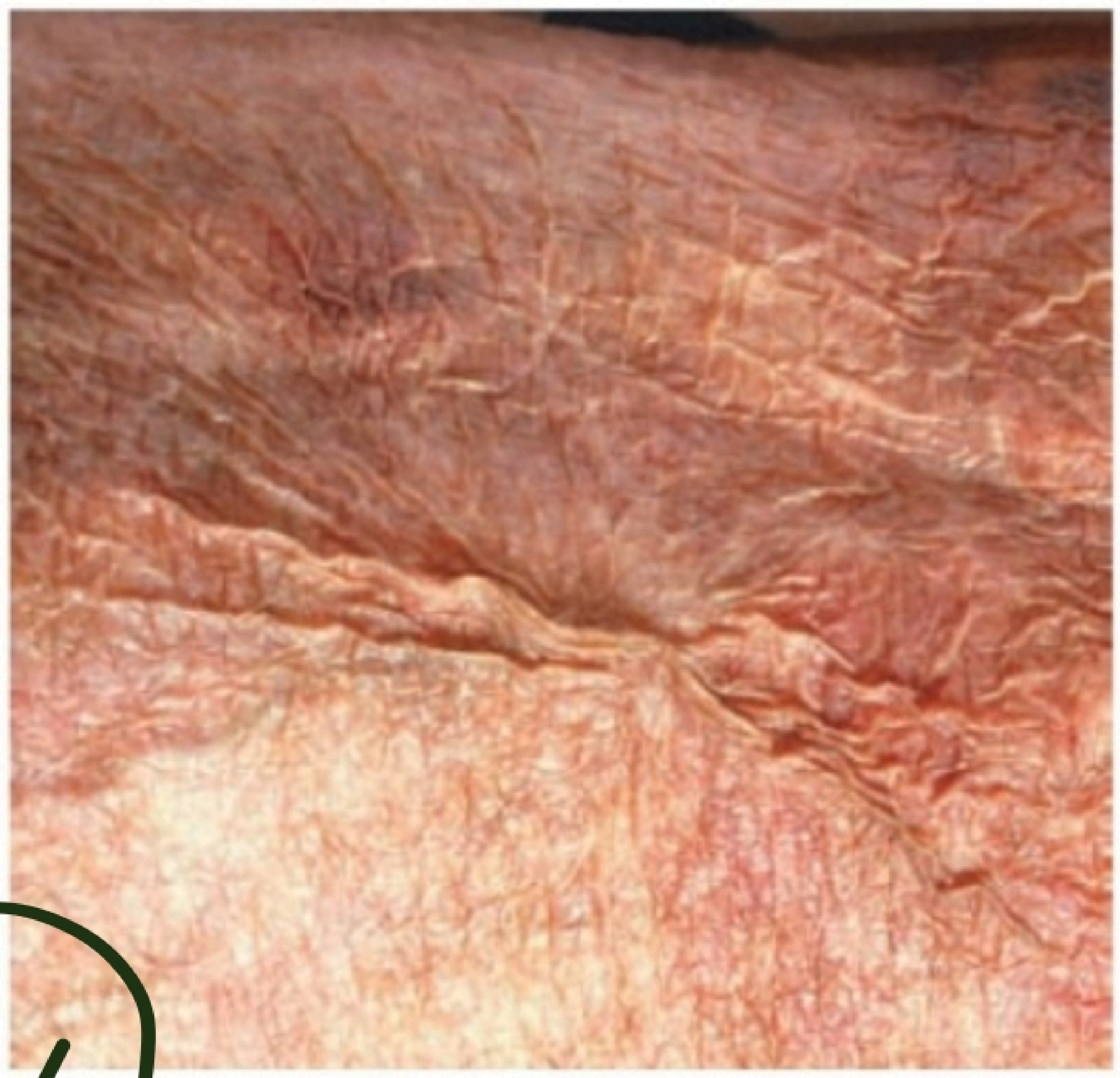
Erosion



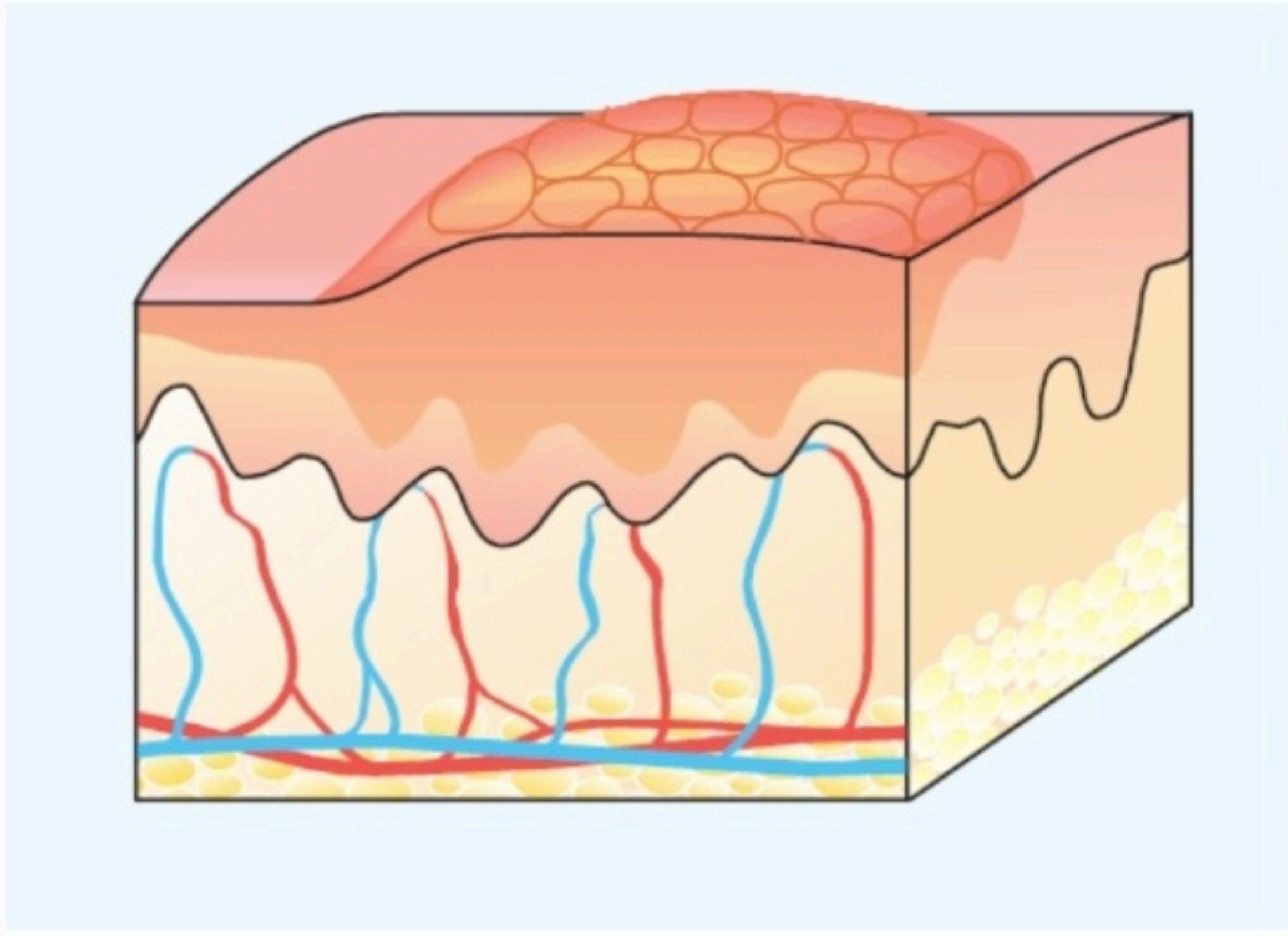


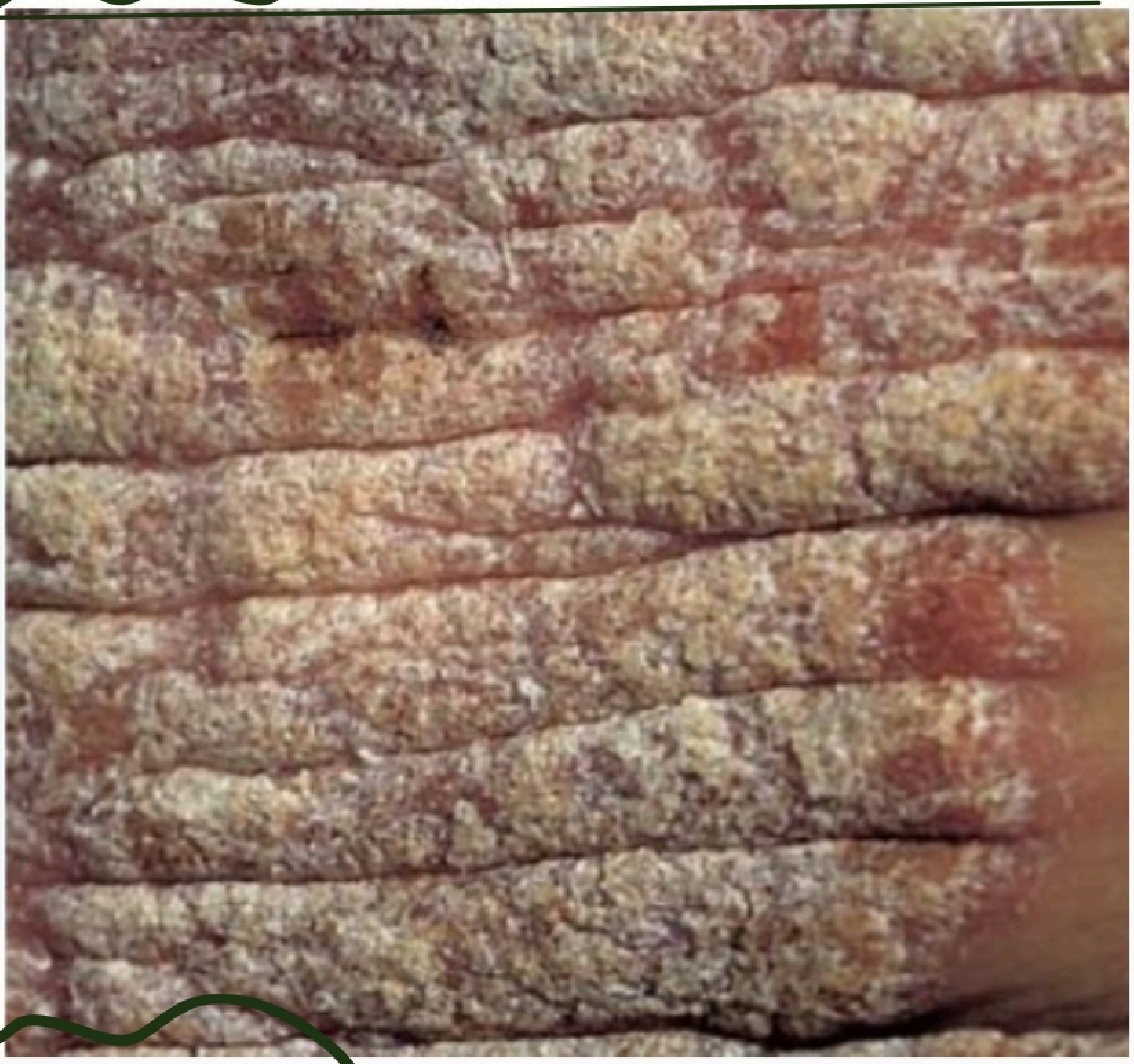
Scar



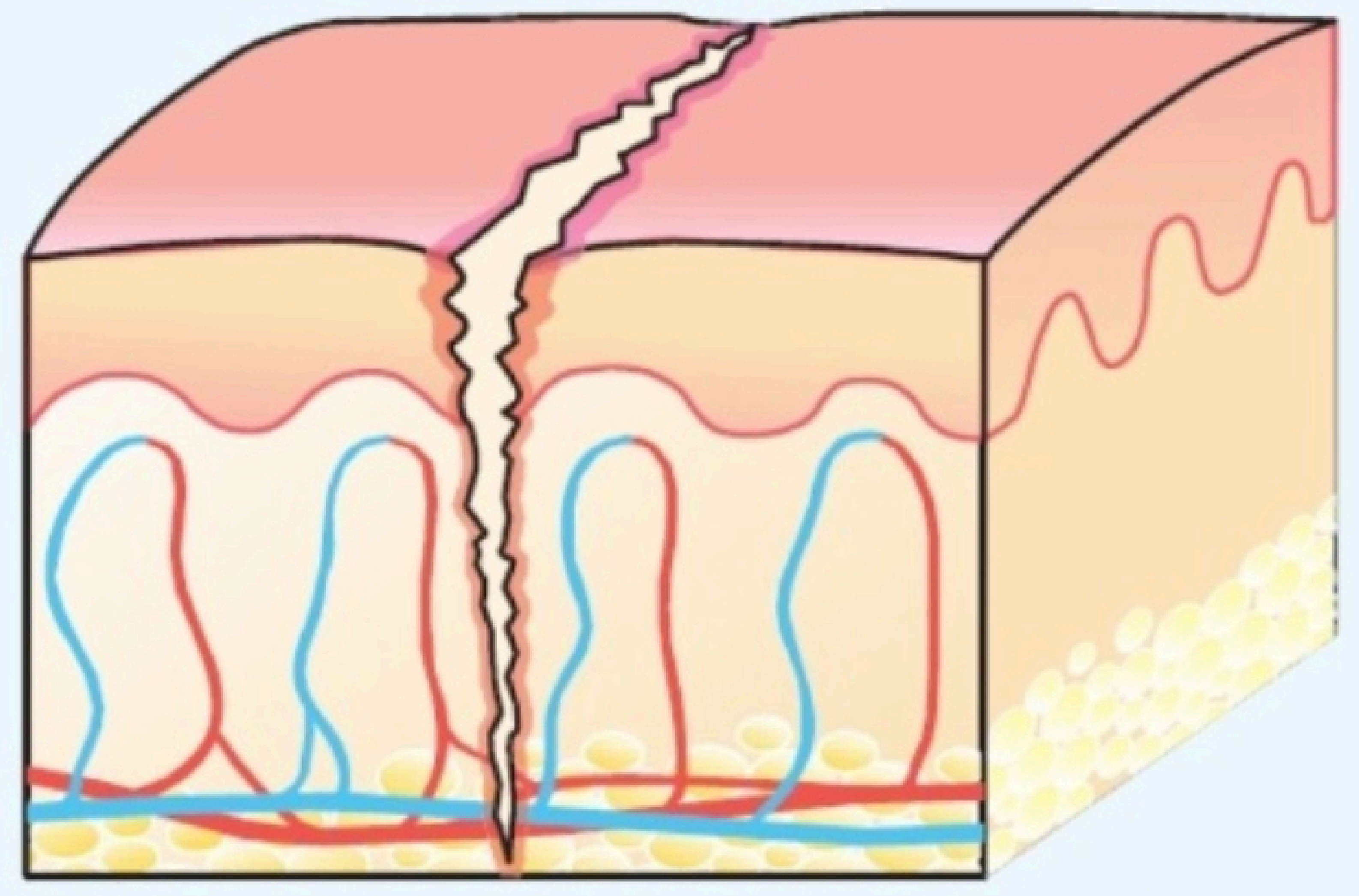


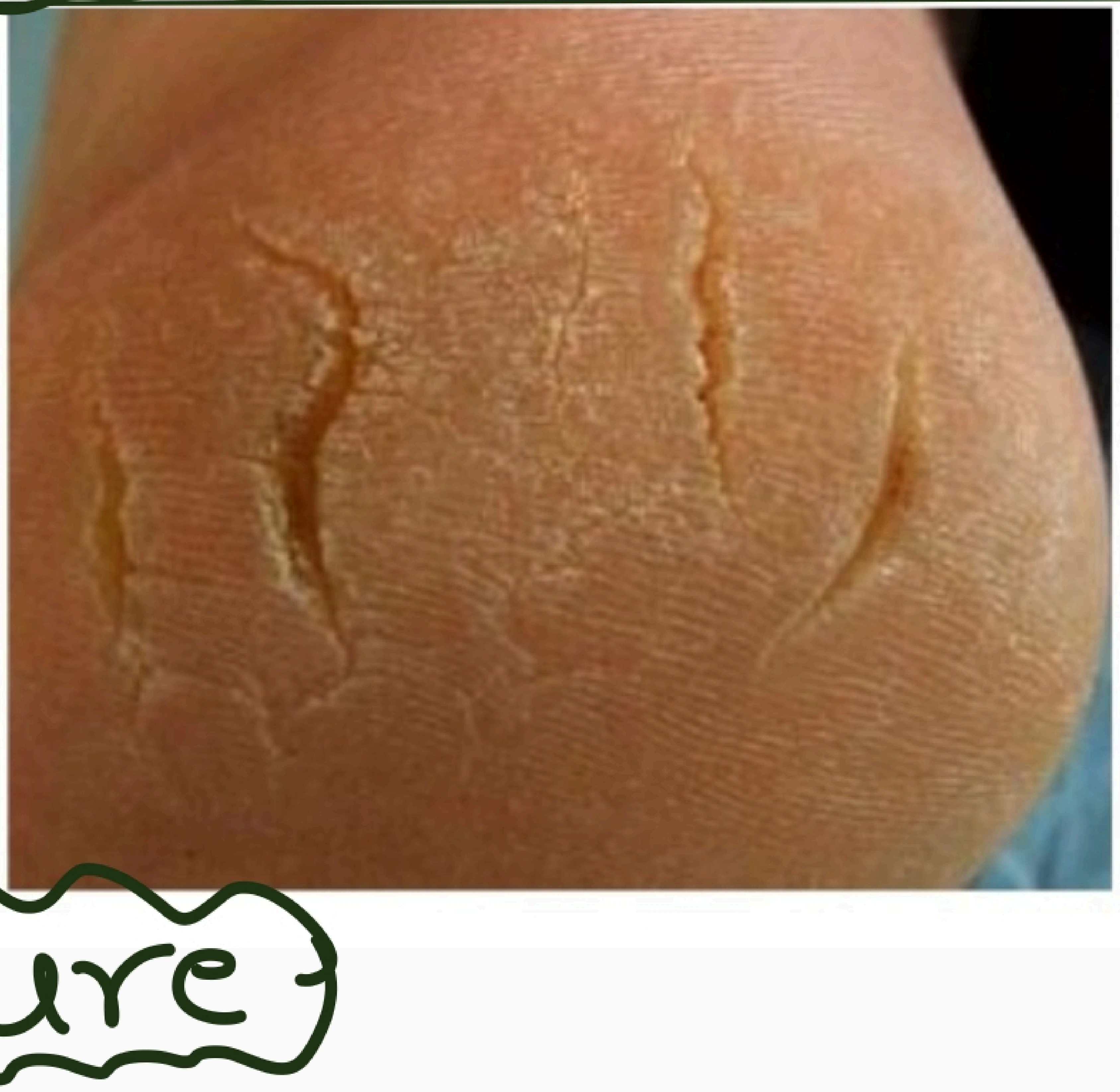
Atrophy



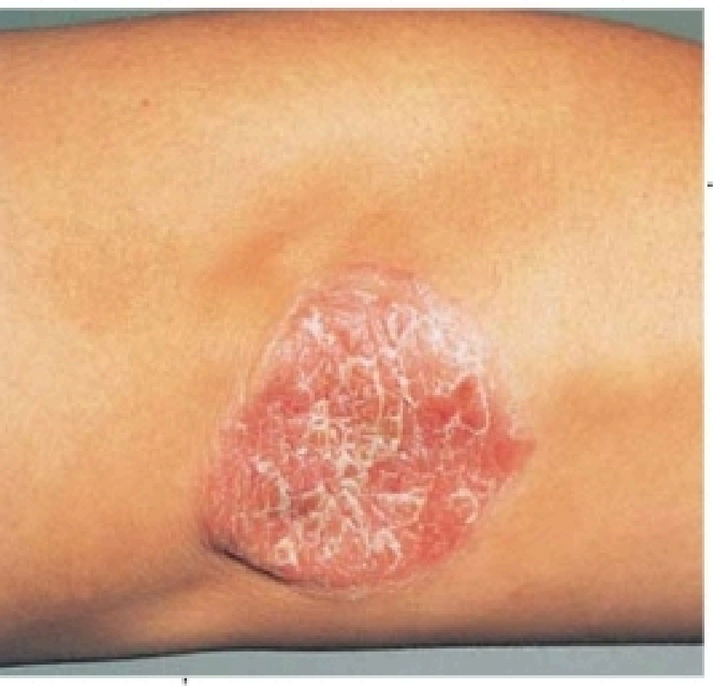


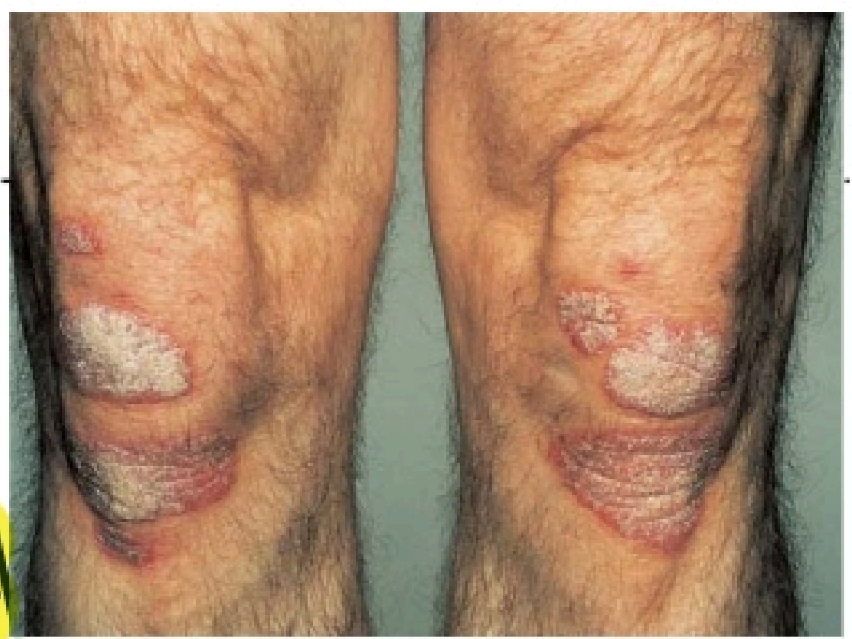
Lichnification





Fissure





Papulo – Squamous Disorders

1- Psoriasis, **2**- Lichen Planus, **3**- Pityriasis Rosea, **4**- Pityriasis Rubra Pilaris ...

تجي وتروح

despite that we never give Systemic Steroids as Ꞩ "May Change to Erythrodermic psoriasis"

الصدفية → ***Psoriasis:*** it is a Chronic, Relapsing, Inflammatory Skin Disorder with Strong Genetically basis, affect ~~12%~~ 1-2% of Population Mainly young, ***M=F***.

40% have +ve F / HX

***According to Age Classified in to 2 Types:**

Type1; Common in Young (20 – 40 years), related to **HLACw6** with Strong ***F\H***.

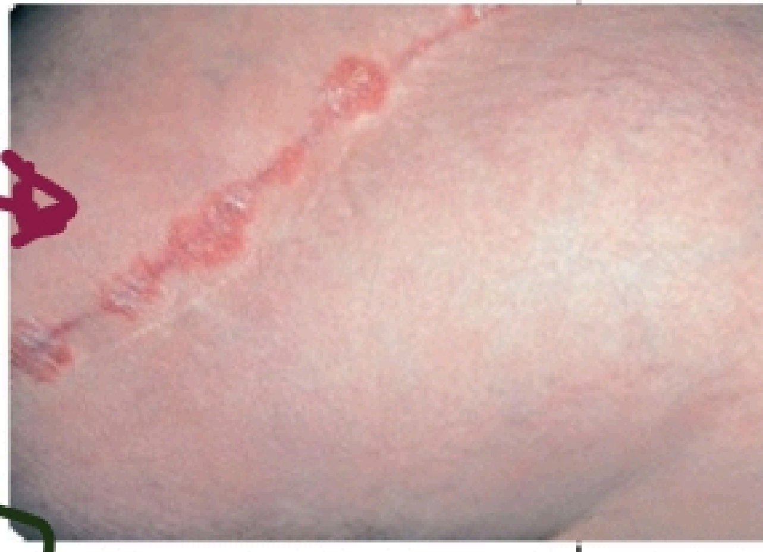
Type2; Common in Adult (50 – 60 years) rare with Mild ***F\H***.

Psoriasis Common in Scandinavian populations and White Americans.

- Precipitating Factors of Psoriasis: "STD, SAMIH"

1- **S**tress. "40 % of the cases"

"Linear Psoriasis"



2- **T**rauma: (*Koebner phenomenon*). ***Koebner phenomenon** is an Isomorphic lesion at Site of Trauma (Scratching or Pressure after 10-14 days).

D\D of Koebner Phenomenon: (ج.ز) viral infection

زوج من نفس العيلة

1. Psoriasis, **2.** Lichen Planus, **3.** Vitilligo, **4.** Wart, **5.** Molluscum Contagiusum.

3- **D**rugs: Systemic Steroids, β-blockers, Anti-Malaria, Anti-Psychiatric → Lithium, NSAID, Gold. ← "Erythrodermic"

4- **S**unlight: ***15%*** of Cases (Sun Stroke) ← or flare up of a present psoriasis

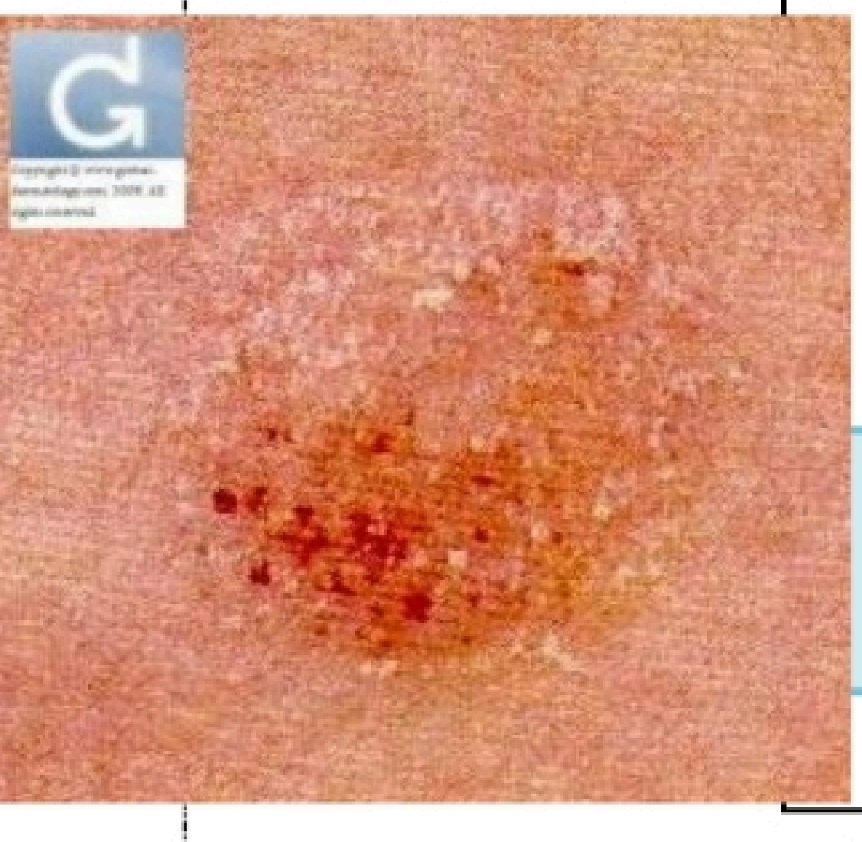
5- **A**lcohol & Smoking, obesity.

Ca++ regulate skin cells division → ↓ Ca++ ↳ psoriasis

6- **M**etabolic (Hypocalcaemia).

7- **I**nfection: Post Streptococcal infection ← "Guttate"

8- **H**ormonal: as in Pregnancy, Puberty ← Flare up in puberty, pregnancy or minopause



Clinical Picture of Psoriasis:

Maculo-Papules, or Papules, or plaques, Dusky Red = erythrematous, Covered by White Silvery Scales. No itching except if 2ry bacterial infection occure

Sharply demarcated

Removal of Scales Result in **Pin point bleeding**, This Sign Called ***Auspitz Sign***, It Confirms the Diagnosis of Psoriasis.

D.2:- ① Capillary dilatation in upper dermis ② formation of B.Vs in the superficial skin layer.

- Sites: Extensor Surfaces \ Elbow, Knee, Lumbo-Sacral joints \ Trunk, Palm, Sole, Scalp.

- Pathogenesis of Psoriasis: Infiltration of **T**-lymphocyte that secretes Interleukins (**IL**) [IL 1, 8, 2 / TNFα / IFγ] Cause hyper-Proliferation of keratinocytes through **4-5** days, it is Called; So it's thought to be Auto immune Disease

Filled ē keratine → **Hyperkeratosis** **Acanthosis** ← thicked skin (Normal Transformation of Cells from basal layer to Corneal layer Needs ***28*** days).

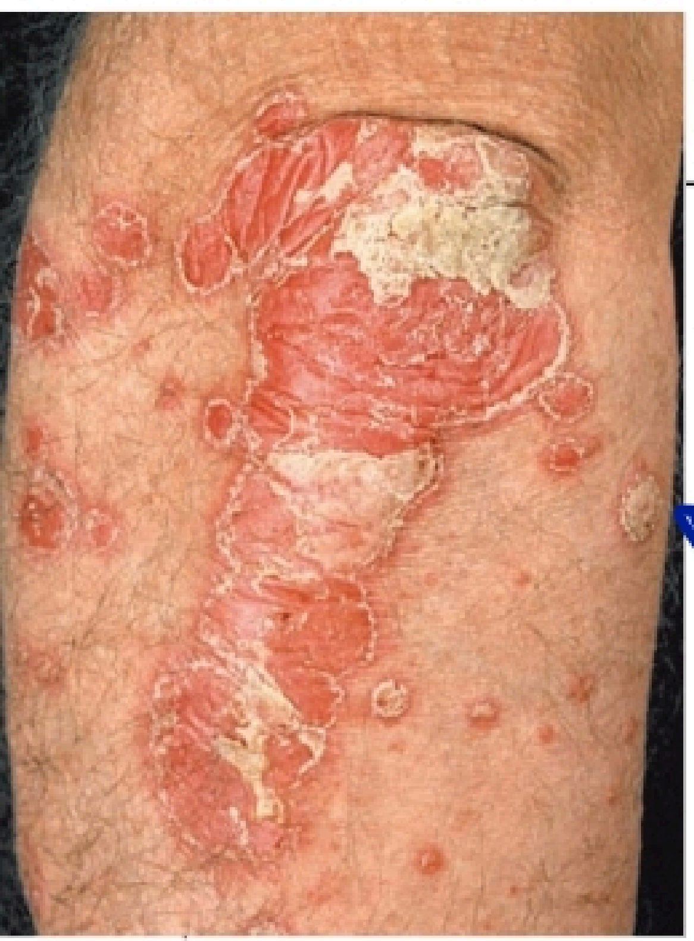
- Parakeratosis :- presence of nueli in surface cell layer.

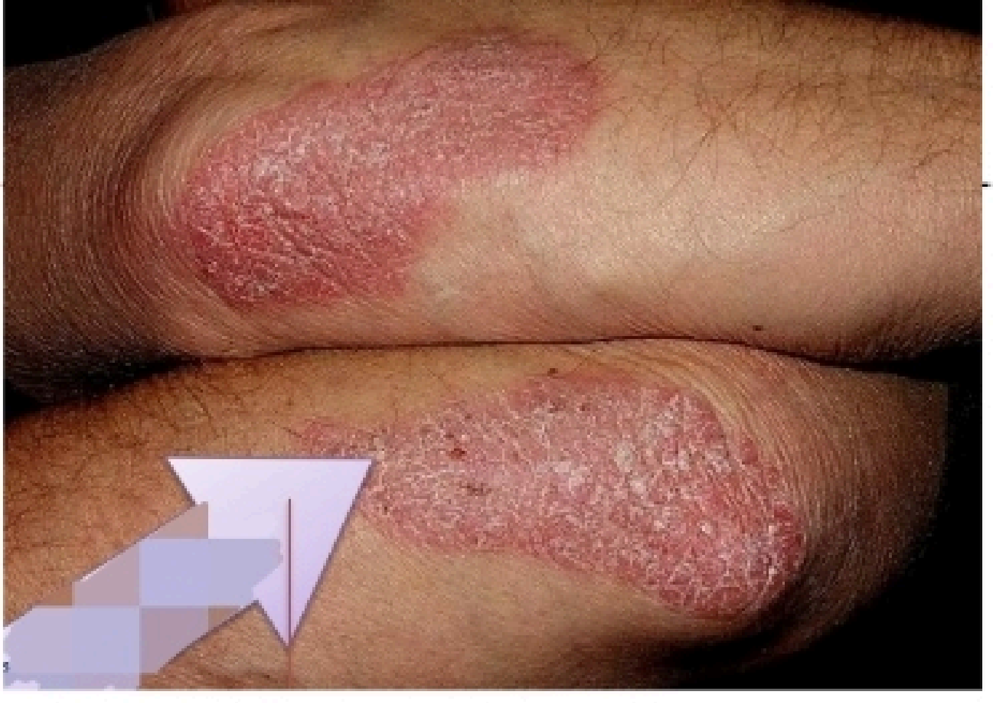
- Types of Psoriasis: **(1).** Psoriasis vulgaris, \ **(2).** Scalp psoriasis, \ **(3).** Nail psoriasis,\ **(4).** Guttate psoriasis, \ **(5).** Napkin psoriasis, \ **(6).** Psoriatic arthritis, \ **(7).** Psoriatic inverses, \ **(8).** Palmo-Planter psoriasis, \ **(9).** Erythrodermic psoriasis.

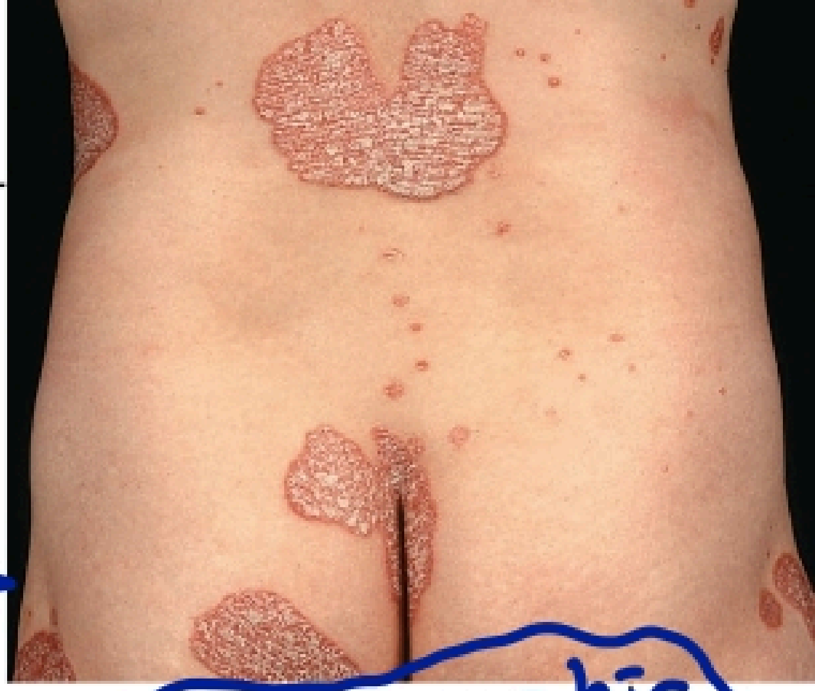
- Morphological variant :-

⊖ plaque psoriasis ⊙ Guttate psoriasis ⊖ Geographic psoriasis

⊖ Follicular pso. ⊖ Annular pso. ⊖ Erythrodermic psoriasis

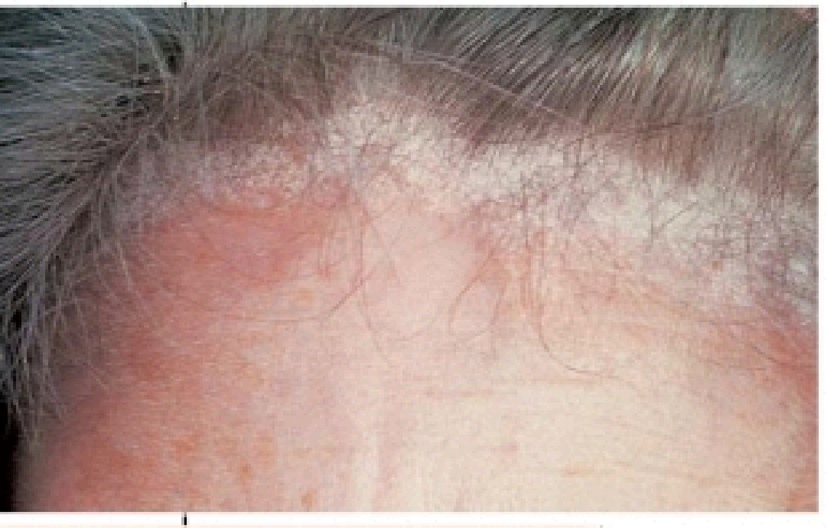






Geographic psoriasis

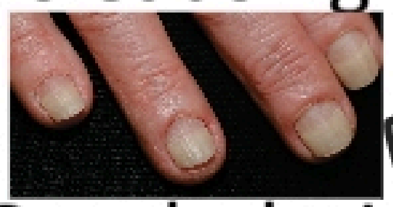
- **Psoriasis Vulgaris:** (Plaque Type) Common 85%
It is the Most Common Type, Can affect any part, but it is More Distributed Over Extensor Body Surfaces (Knee & Elbow joints).
-Typically **Presented with** Well Defined Circular or Oval Red Plaque Covered with White Silvery Scales.



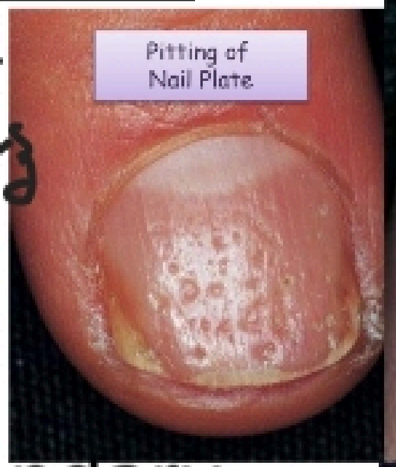
- **Scalp Psoriasis:**
Commonly occur at Hair lines and behind the Ears Causing **Non Scaring Alopecia**.

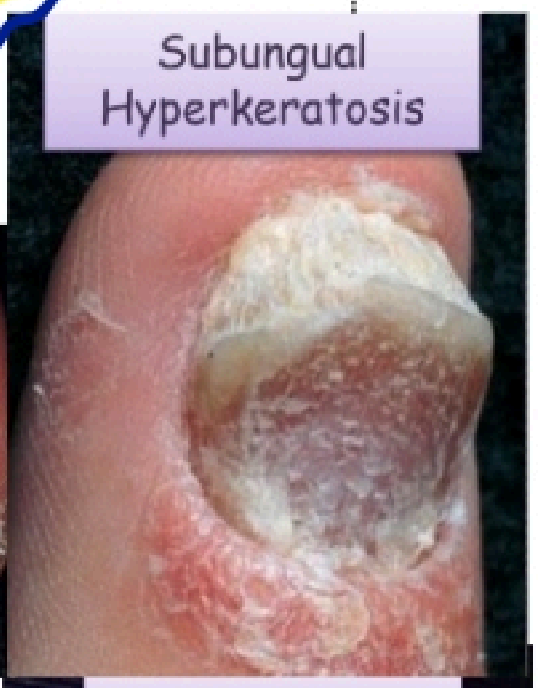
psoriasis doesn't Cause alopecia

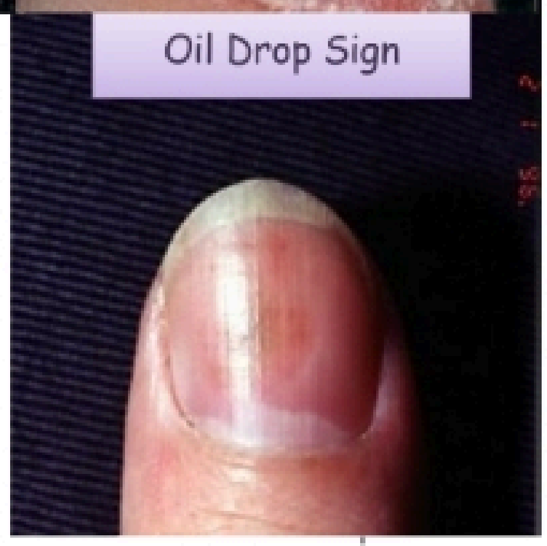
- **Nail Psoriasis:** It includes;
Pitting in Nail plate, Subungual Hyperkeratosis, Onycholysis, Oil Drop Sign.

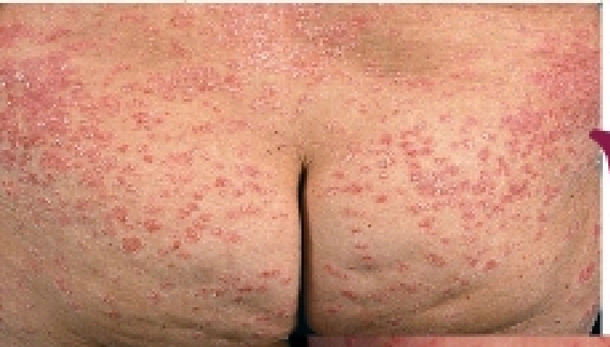


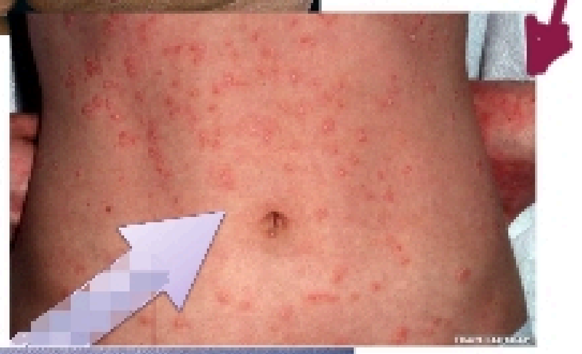
seperation of part of the nails from its bed



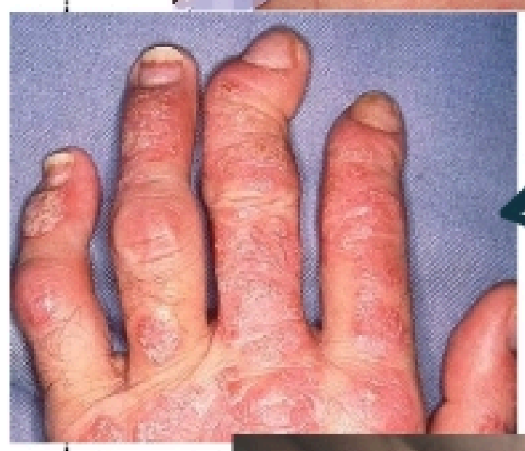






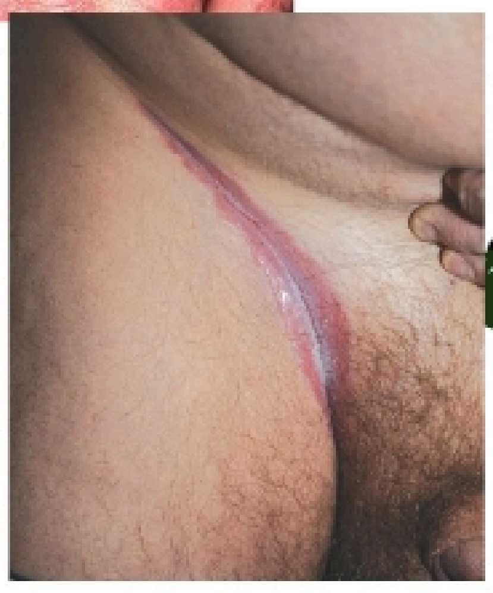


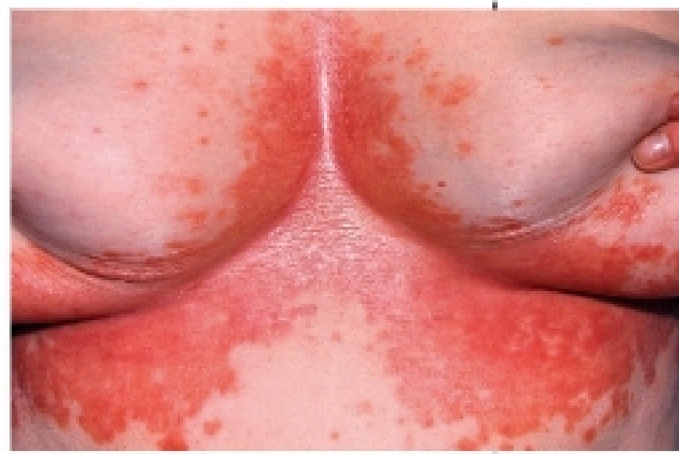
- **Guttate Psoriasis:** Drop منقط
This Type is Proceeded by History of Upper Respiratory Tract Infection Secondary to Group **A**- **β**-Haemolytic Streptococci, Common in individual younger than 30 Y
-Typically **Presented with** Small Pink Drop like Papules Covered with Fine Scales.



- **Psoriatic Arthritis (Atrhropatic Psoriasis):** → "**Sever Type**" may cause
  - Lung fibrosis
  - Interstitial Lung disease
  - Chronic Lung disease

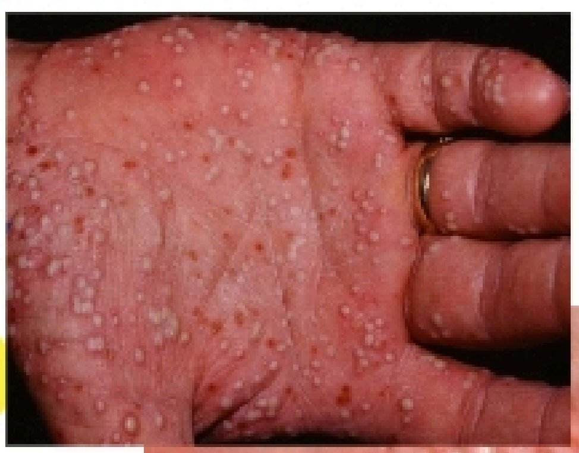
It is Sero-Negative Arthritis (-ve RF), Associated with ***HLAB27***, Occur in Distal inter-phalangeal joint More than Proximal inter-phalangeal joint.
Typically **Presented with** Red, Worm, Tender inflamed joint, Deformity, Dactylitis

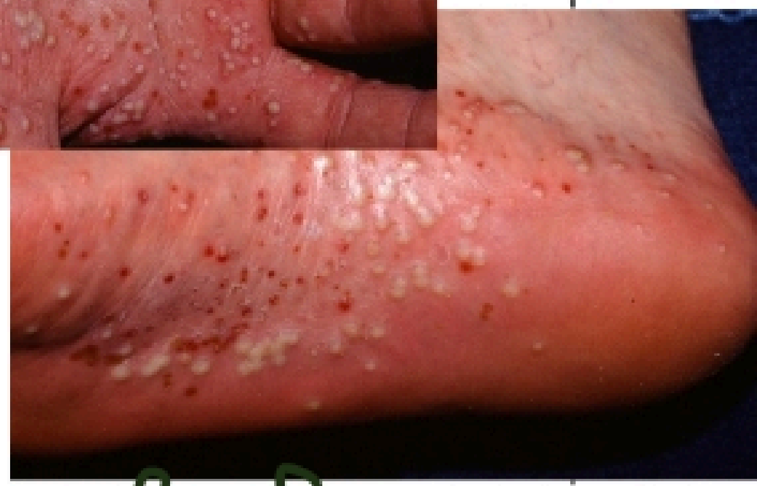




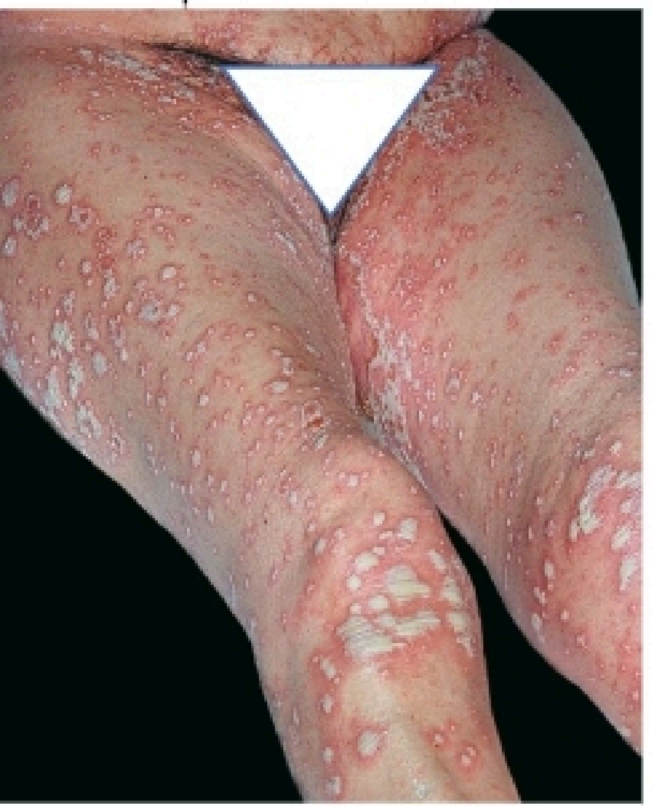
- **Psoriatic Inverses:** "**Flexural Type**" "Intertriginous" عكس الطبيعي
It affects Groin, Axilla, Sub Mammary, and Umbilicus.
Typically **Presented with** Erythematous Plaques lack of Scales, sometimes Fissure ← wet area

- **Palmo-Planter Psoriasis:**
Affects the Palms and Soles, It is a Pustular Type **Presented with** Pustules. "sterile"



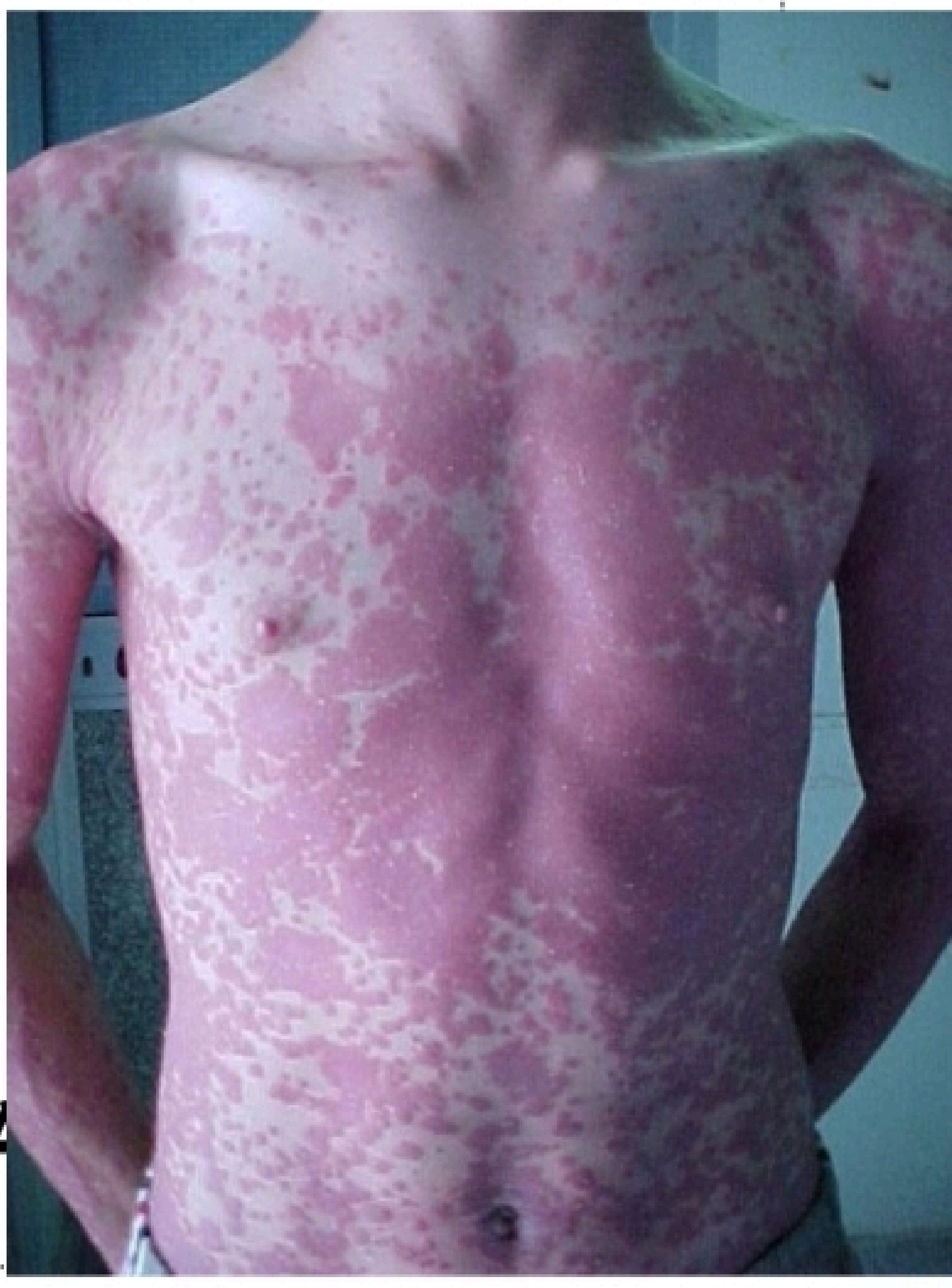


Note: Pustular Psoriasis are 2 types
- palmo planter
- Generalized

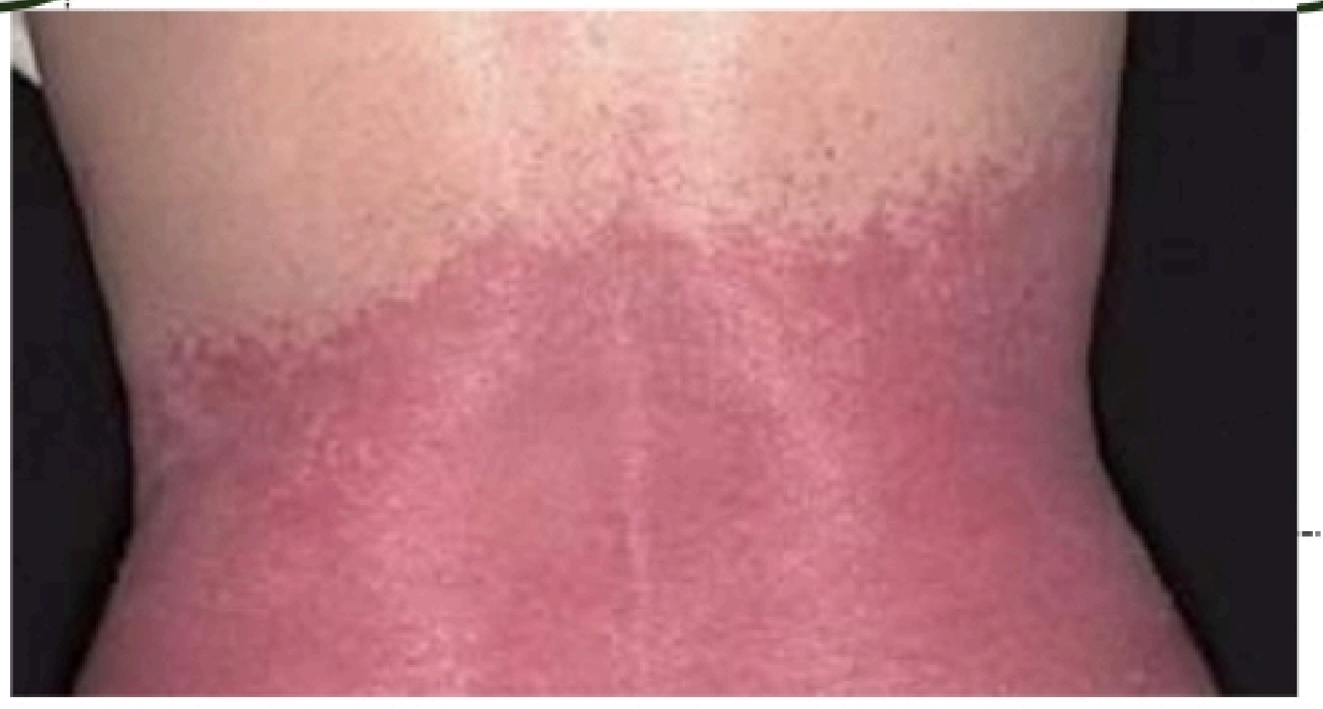


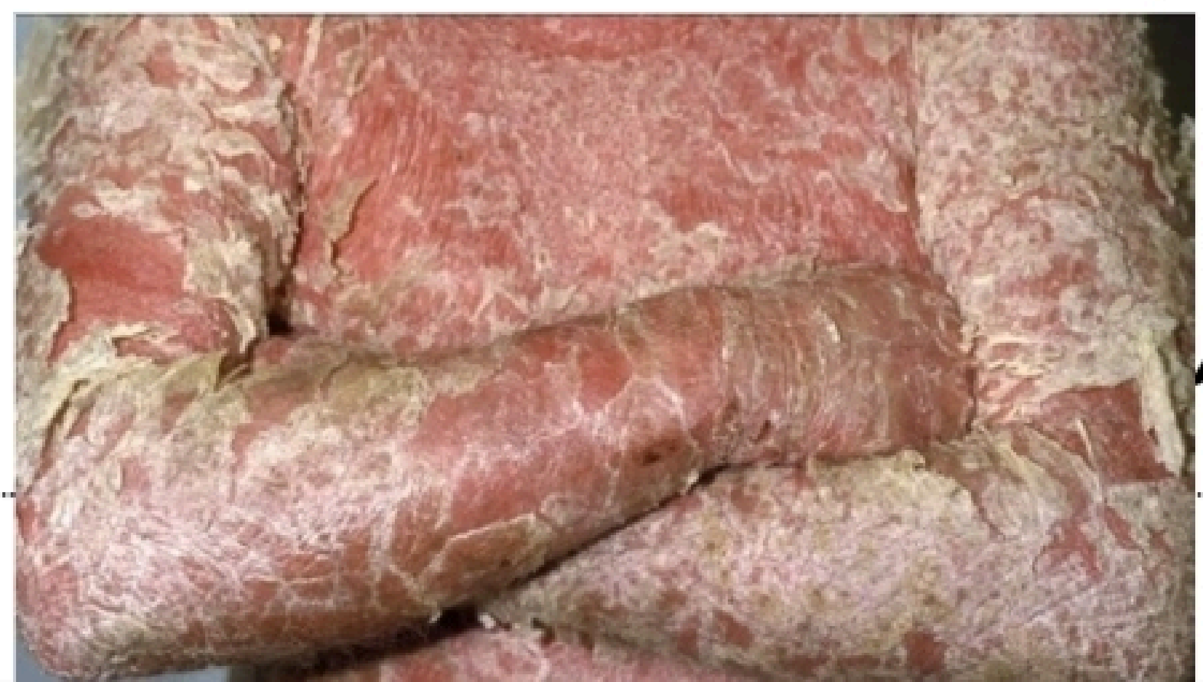
- sometimes Comes ç mucusal lesions
- precipitated by irritating topicals, Hypocalcemia & pregnancy.

- **Erythrodermic Psoriasis:** → "**Sever Type**"
This Type Caused by Irritated Psoriasis by intake of Tar, Dithranol, Systemic Steroids, also Withdrawal of Topical Steroids,
It is **life Treating Type** Presented with **Extensive Erythema of the Most Body Surface with Fine Scales**. ç leukocytosis & ↑ ESR 90% → Sparing of face
-This Type leads to;
Disturbance in Water and Electrolytes balance, **High Cardiac Output** (due to increase Blood Supply of the Dermis), **Hypo-proteinemia** (Due to Extensive loss of Keratin protein), **Sever Hypothermia**, **V.D** → **Hypotension** → **Shock.**



*** Treatment of Erythrodermic Psoriasis:**
- Admission to I.C.U.
- Worm the patient.
- Give I.V Fluids and Calcium.
- Give Anti Biotic. → to prevent apportunistic floral infection





- Sebopsoriasis :- Seborrheic distribution

- Diagnosis of Psoriasis:

Plaque Psoriasis almost always Diagnosed Clinically by (***Auspitz Sign***), and Laboratory investigations are Rarely indicated.

Skin Biopsy Used if Diagnosis doubt and to Exclude other D\D.

The **Skin Biopsy** Shows;

1. Acanthosis → Marked thickening of Epidermis.

2. Parakeratosis → Presence of Nuclei in Corneal layer.

3. Dilatation & Tortuosity of Capillary Dermis. ← "The Cause of Auspitz sign"

D\D:
1- Psoriasis.
2- Lichen Planus.
3- Dermatitis (Discoid Eczema)
4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.

- Treatment of Psoriasis:

Local Treatment

scales بعدت ال → **1. Emolleint;** Ex; Vaseline "Ht of dry skin"

Keratine كسرت ال → **2. Keratolytic agent;** Ex; Salicylic acid (2% - 5%) Ointment

3. Coal Tar; inhibit DNA Synthesis →Decrease Mitotic Division → Decrease Cells Turnover. Can be Used in Combination with ***U.V.B Ray*** (it is called **Goeckerman Regien**).

ووقفت الإنقسام

S\E; Staining, inhibit DNA Replication.

4. Dithranol, also called (**Anthraline**); inhibit DNA Synthesis. Dithranol can be Used as; Paste (0.1% - 1%) or Ointment 4%

بديل ال Coal Tar } لا يستخدموا مع بعض

S\E; Staining, Highly Irritant.

تنظيم الانقسام للخلايا الجديدة → **5. Vitamin D3 Analogues;** Increase Ca it is Colorless odorless doesn't Stain ← Topical Ointment

6. Topical Steroids." No sudden withdrawn → Erythrodermic"

تنظيم تكوين ال Keratine الجديد "keratinization" - **7. Topical Retinoids**; Ex; Lazarotine Gel (0.1% – 0.5%).

S\E; Dryness of skin and Mucous Membrane, Hair loss, Mild Irritant.

8. Local U.V.B;
Broad bond UVB→**290 - 320nm**
Narrow bond→**311 - 319nm** (Best).

S\E; Carcinoma.

9. Tacrolimus. ← Immune suppressive Drug
Topical

Systemic Treatment ← If the topical Ht failed to control the case.

1. PUVA; "Psoraline + UVA"
It is interfering with DNA Synthesis & Decrease Cellular Proliferation.
Patient take Psoraline tablet then after **2**Hours Expose to UVA ***"320 - 400nm"***.

S\E of Psoraline;	**S\E of UVA;**
Hepato-toxicity. Nausea + Vomiting.	Early→Erythema, Cataract, Pigmentation. Late→Malignancy

2. Retinoid; "***Vit A*** Derivatives" "Acitretin"
Necessary for normal Keratinization

S\E of Retinoid;
-Teratogenic (So you Should Stop the drug 2 years, and then get Pregnant).
-Hyperlipidemia (So; **Do Lipid Profile**).
-Increase Liver Enzymes (So; **Do LFT**).
-Bone Marrow Suppression (**Do CBC**).
-Dryness of the Skin & Hair loss.

الأدوية الجديدة توقفها قبل 3-6 months

3. Methotrexate;
Drug Of Choice for ***Psoriatic Arthritis***.
Once Per Week 10-25mg, Given with Folic Acid (For; Megaloblastic Anemia).

S\E; Bone Marrow Suppression, Hepato-toxicity, Liver Cirrhosis.

4. Cyclosporine A; Immunosuppressant, inhibits Production of Interleukin-**2**.

S\E; Nephrotoxicity (So; Do **RFT**)., HTN, skin Cancer.

5. Calcium.

6- Ustekinumab :- immunological treatment

after using Emollent "No scales"

حزازة الجلدية المسطحة

Lichen Planus: It is a Chronic Pruritic **P**urple, **P**olygonal, **P**lane, **P**apule, or **P**laques, Covered with Fine Scales affect→ Skin, Mucous Membrane, and Nail.

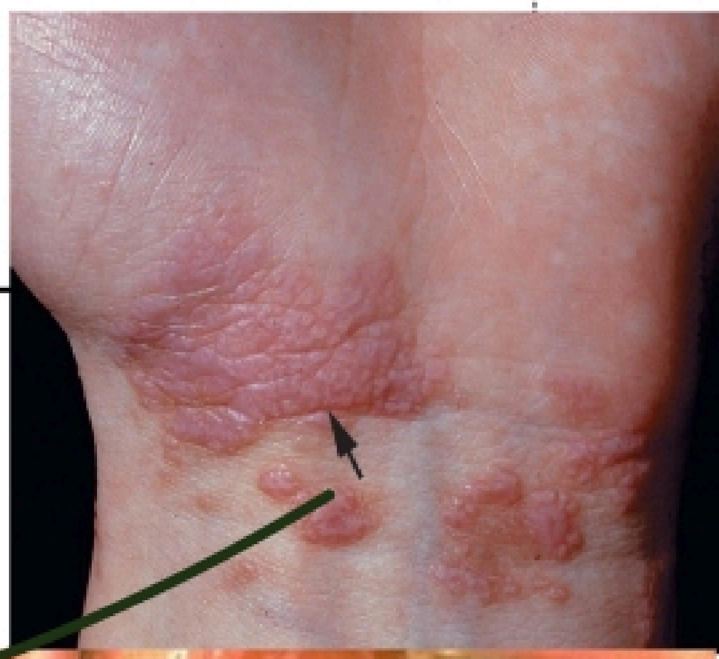
- **Aithiology;** Unknown, (Positive **Koebner Phenomenon**), also May be Related to;

Trauma

1. Infection; → HBV , HCV. **2.** Drugs; → ACE.I , Diuretics , Cimitidine, Phenothiazine.

3. Immunological; → Thyroid Disease , Pemphegoid. **4.** Genetic; → DR1. +ve F/Hx

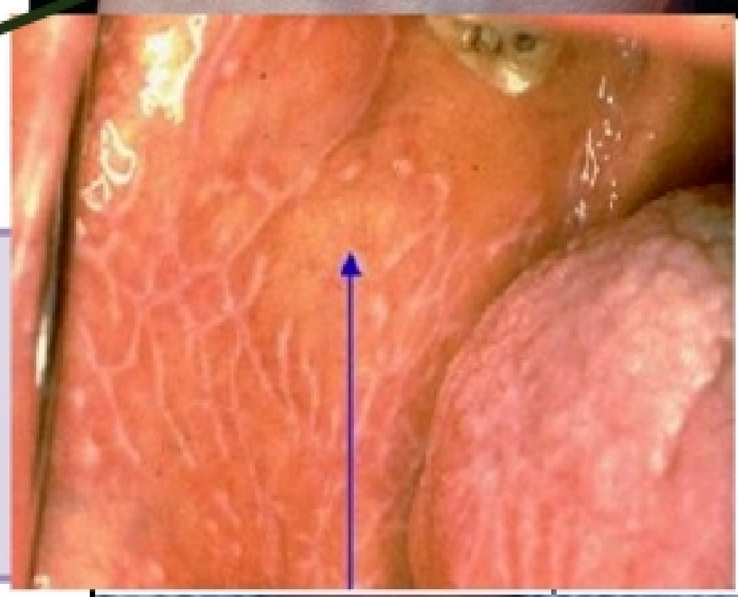
Comes c̄ Auto immune disease



Clinical Picture: Role of "P" "Flat-topped"

Pruritic, **P**urple, **P**olygonal, **P**lane, **P**apule, or **P**laques, Covered with Fine Scales.

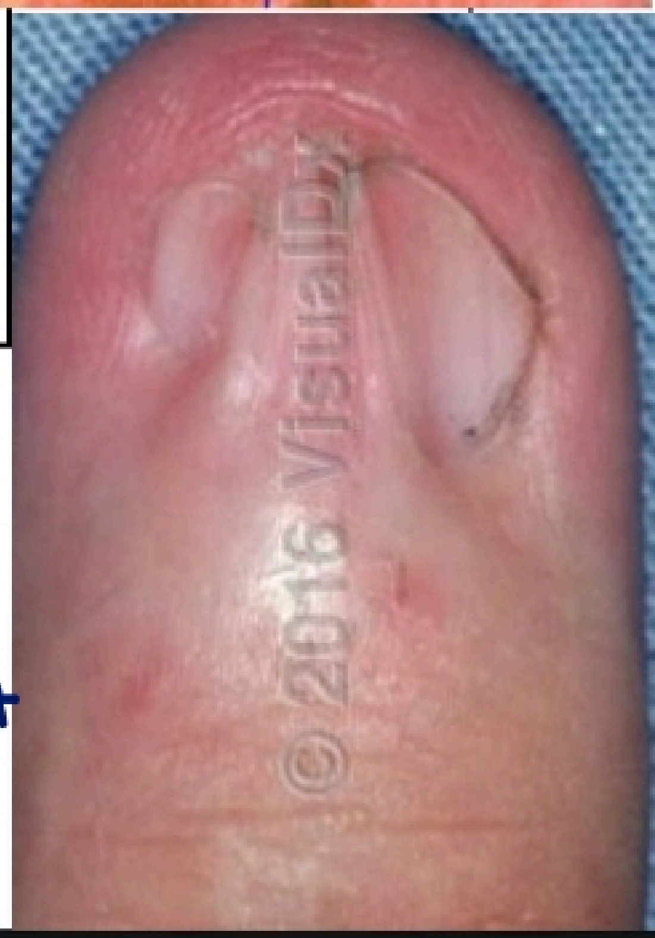
-Magnified lens on lesion Shows ***White lines*** Passing between Papule or Plaques Called→ **Wickhams Strea.** "arrow"



Nail change; Occur in ***10%*** of Pt, Most commonly Change in Nail is a Longitudinal Groove and bridge Called **Pterygium**.

Also There are; Subungual Hyperkeratosis, Onycholysis, Pitting, Koilonychias.

Lichen Planus Can involve the Scalp leading to Scarring Alopecia.



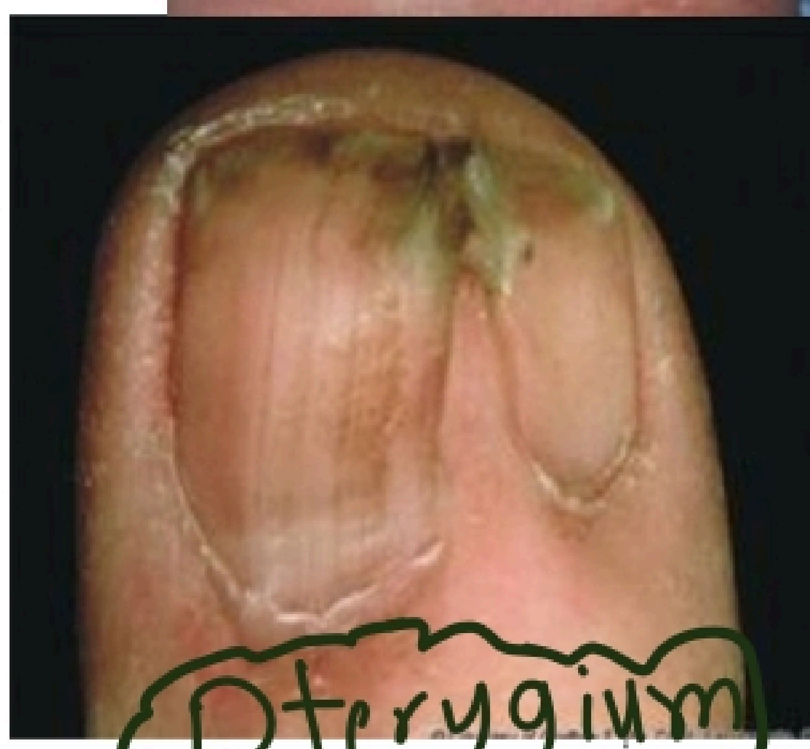
- **Sites:** Most Commonly found on Flexure Surfaces; Wrist, around Ankle\ Trunk, Genitalia, and Mucous Membrane of the Mouth→ (**Erosive Type; _Pre-Malignant_**).

- **Clinical Types of Lichen Planus:**

Severly pruritic in the Extremeties

- oral - painful
- recalcitrant to tt
- HCV associated

1. Classical, \ **2.** Atrophic, \ **3.** Hypertrophic, \ **4.** Erythrodermic, \ **5.** Ulcerative, \ **6.** Linear, (Related to Koebner Phenomenon). \ **7**. Follicular → Common in Scalp, \ **8**. Annular→ Common in Penis, \ **9.** Actinic Type→ Common in face.



Pterygium

- **Diagnosis of Lichen Planus:**

In Most of Cases Lichen Planus Diagnosed Clinically.

Skin Biopsy; Shows→ **T-** Cell Infiltration in Upper Dermis, Hyper-Granlosis, Basal Cell Layer Degeneration, with Saw-Teeth appearance, and Colloid Bodies.

If Lichen Planus Present in Mucous Membrane;→ Skin Biopsy is Mandatory to take; To Exclude Malignancy.

- **Treatment of Lichen Planus:**

1. Topical Steroids

2. Anti Histamine

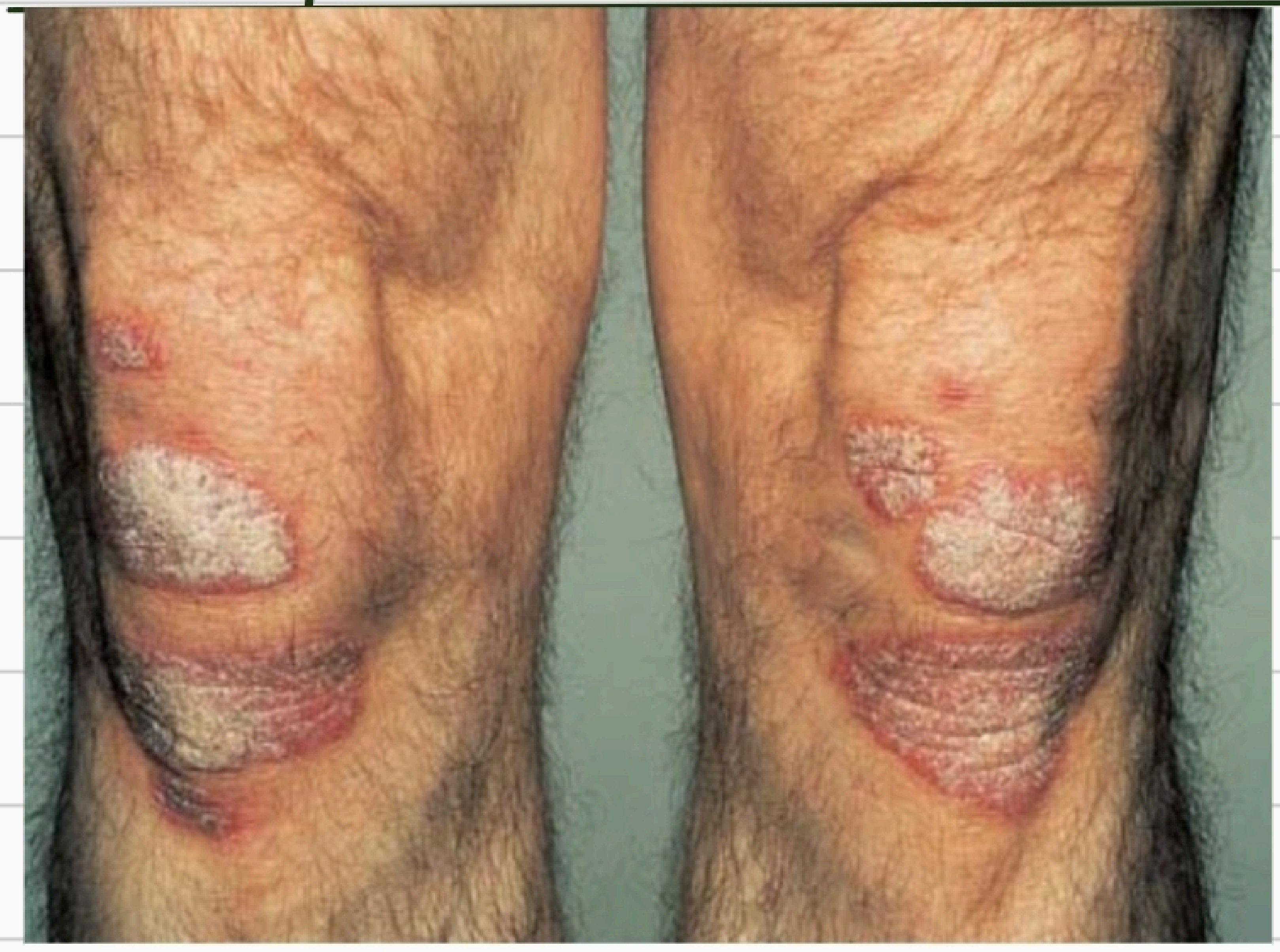
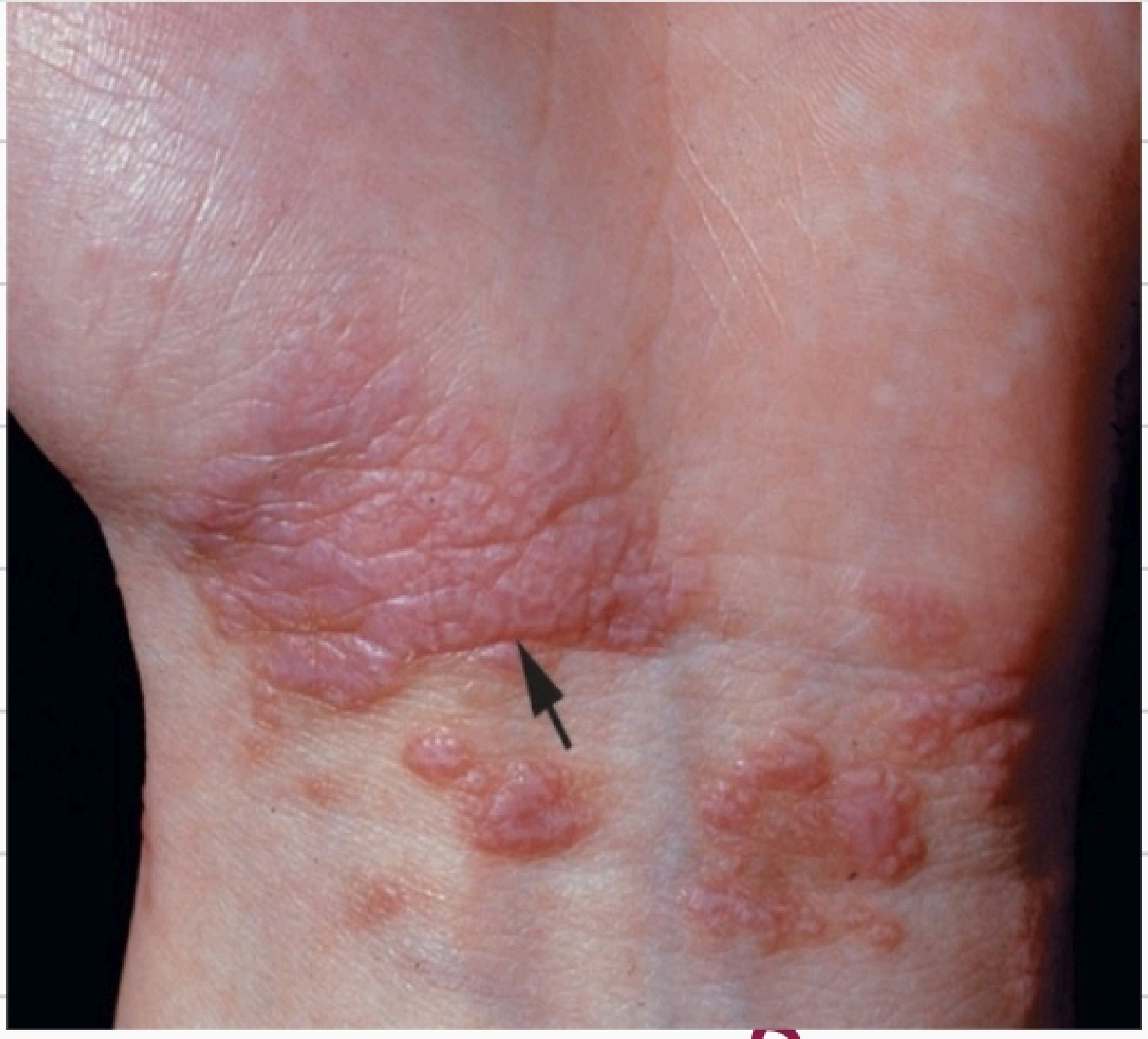
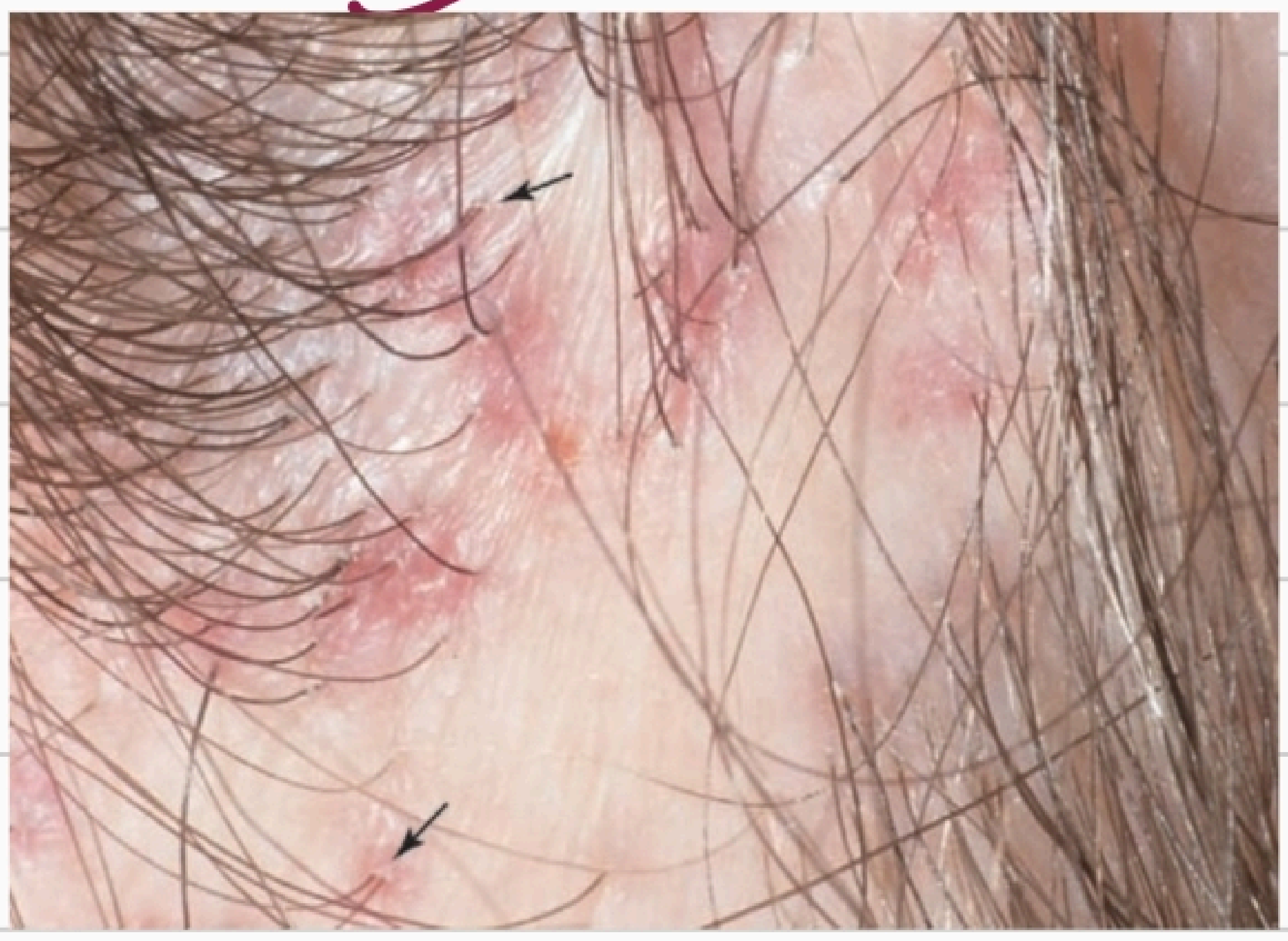
3. PUVA May be Used.

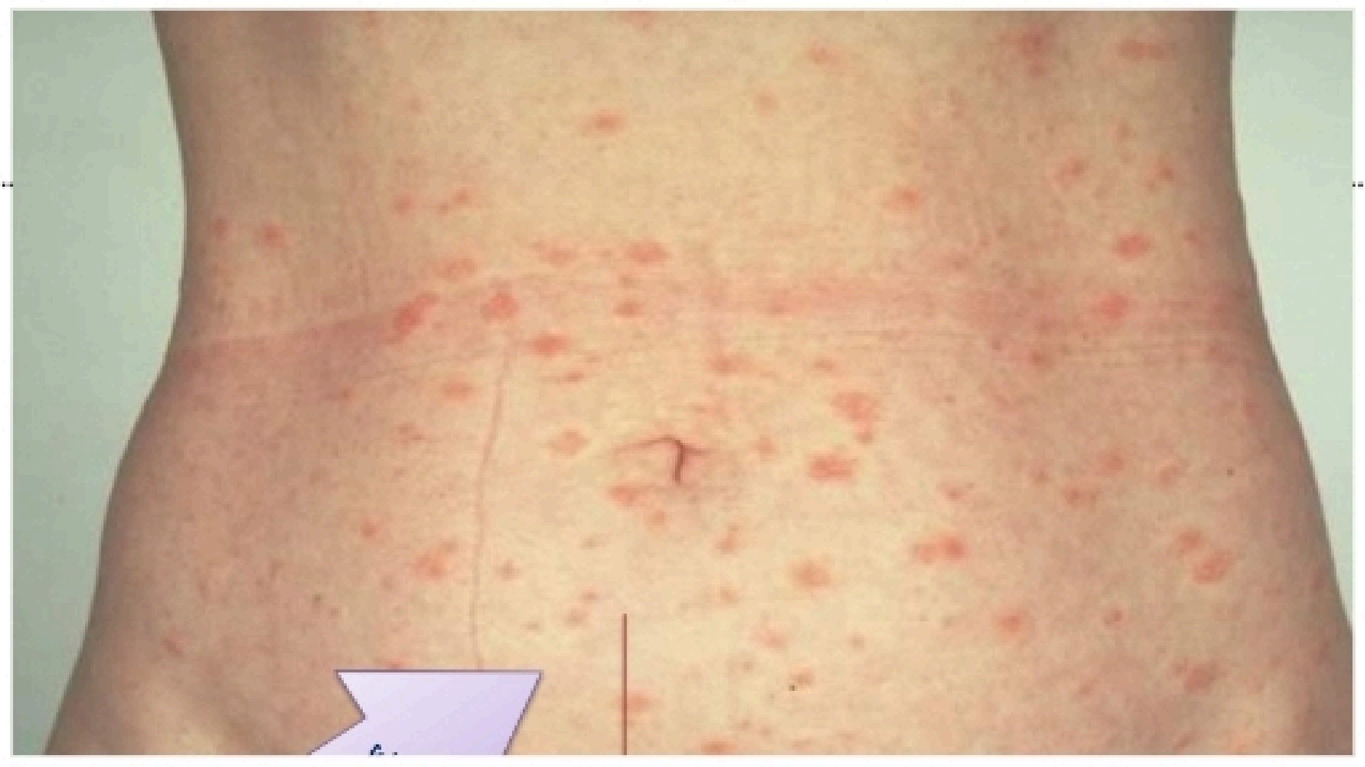
4- Acitretin

5- Topical calcineurin inhibitors.

- In More Sever Cases Especially **Scalp, Nail, and Mucous Membrane** involvement, May Need More intensive therapy like **Systemic Steroids**.

- In General Lichen Planus is a ***Self limiting disease*** usually within **8-12** Months.

Psoriasis	Lichen Planus
	
1- Extensor Surface	1- Flexor Surface
2- Doesn't Cause Alopecia	2- Scaring Alopecia 
3- Rarly affect the mucous membrane	3- Affect mucus memb.
4- Affect the nails & causes Oil drop Sign	4- Affects the nail & Causes Pterygium
5- Rarly Causes Itching	5- Alwayas causes Itching
6- Systemic Steroids is contra indicated	6- Systemic steroids can be used in sever cases.

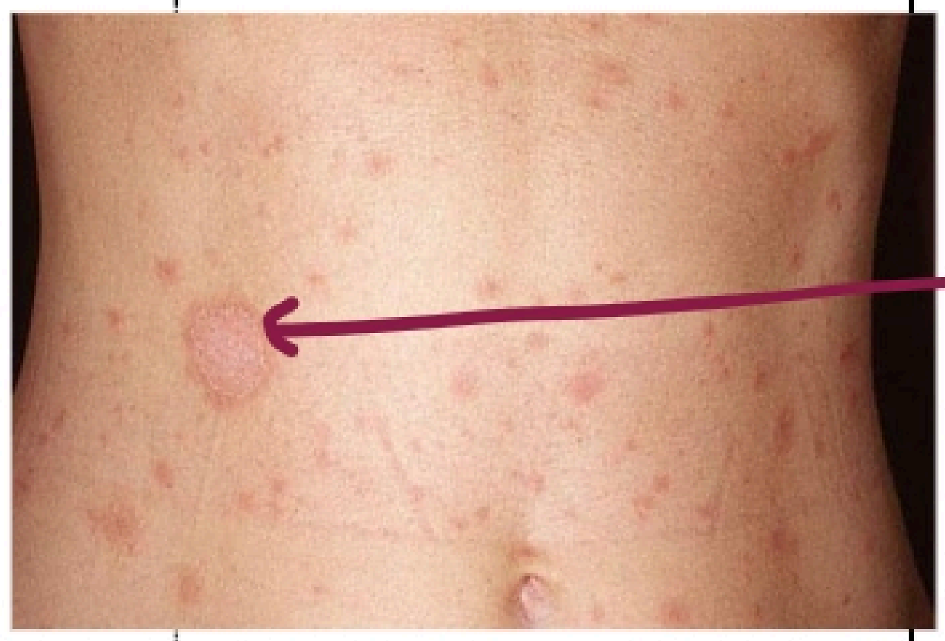


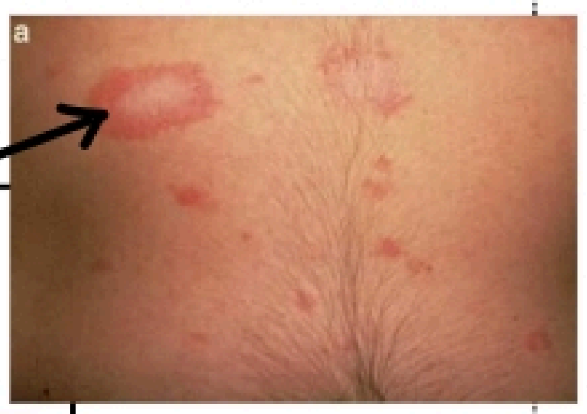
النخالة الوردية

➢ ***Pityriasis Rosea:***

It is a Self Limited Erythematus Scaly, Itchy Disease.

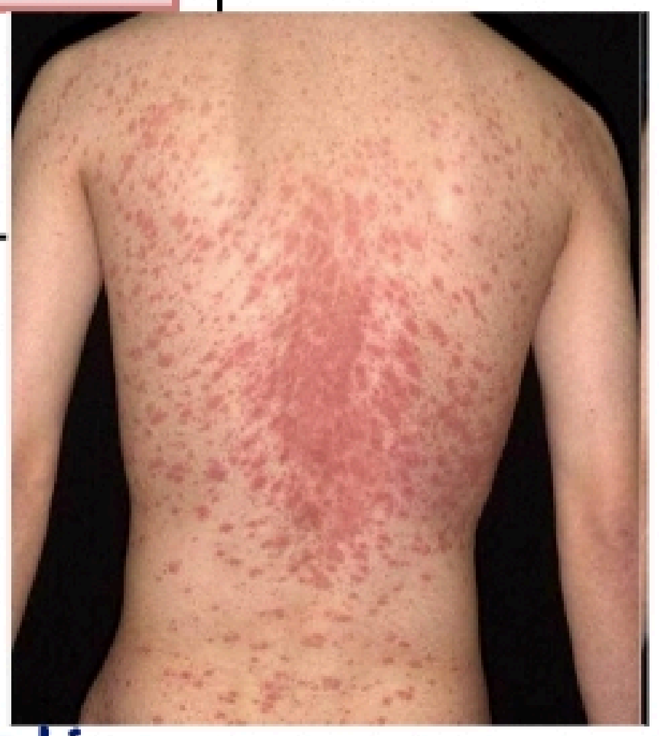
- **Athiology;** Unknown, but May be Related to Viral infection. ← HHV 6,7 ← Influenza Virus or its vaccine





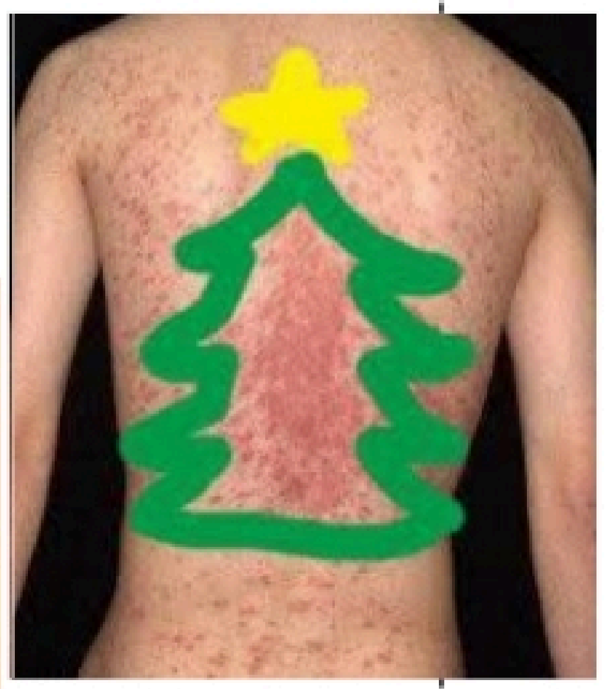
Clinical Picture: Pink, Oval, Papules or Patches, Covered by Fine Scales.

Mother Lesion (Herald Patch); covered by collarette of scales at its periphery.
It is an Erythematous, Itchy, Oval Patch, about ***2-4cm***, Healed without Scar, appear few Days before the Eruption of Pitryasis Rosea.



- **Site:** Mainly Over the Trunk, also in the Thigh.

The lesion Tend to have their long Axes Parallel to the Ribs giving the lesion picture Called → **"Christmas Tree Distribution"**.



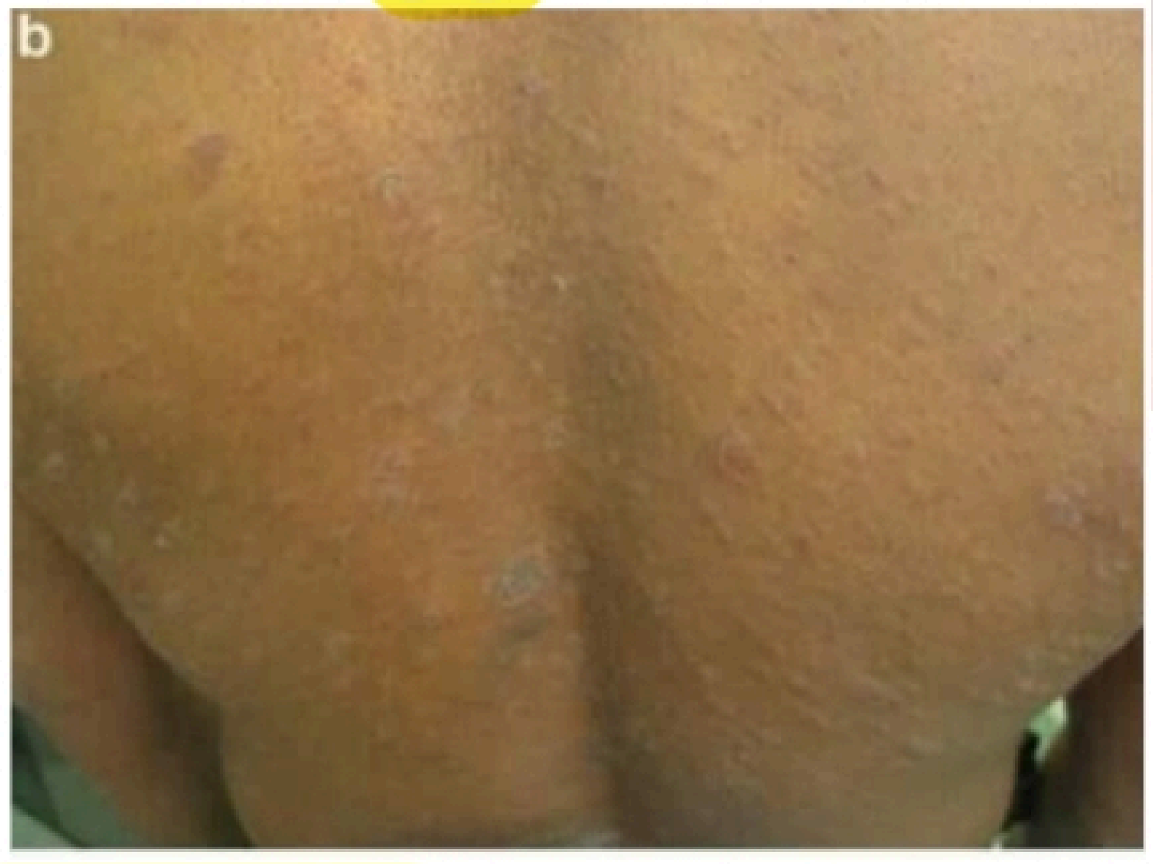
-**Diagnosis:** Mainly Clinically. 3 types :-
- → Absortive :- Herald patch is the only Lesion to appear, not followed by 2ry eruption
- → Inverted
- → Generalized "papular".

- **Treatment of Pityriasis Rosea:** it is Self limited Disease between **6-8** weeks.

. Reassurance.

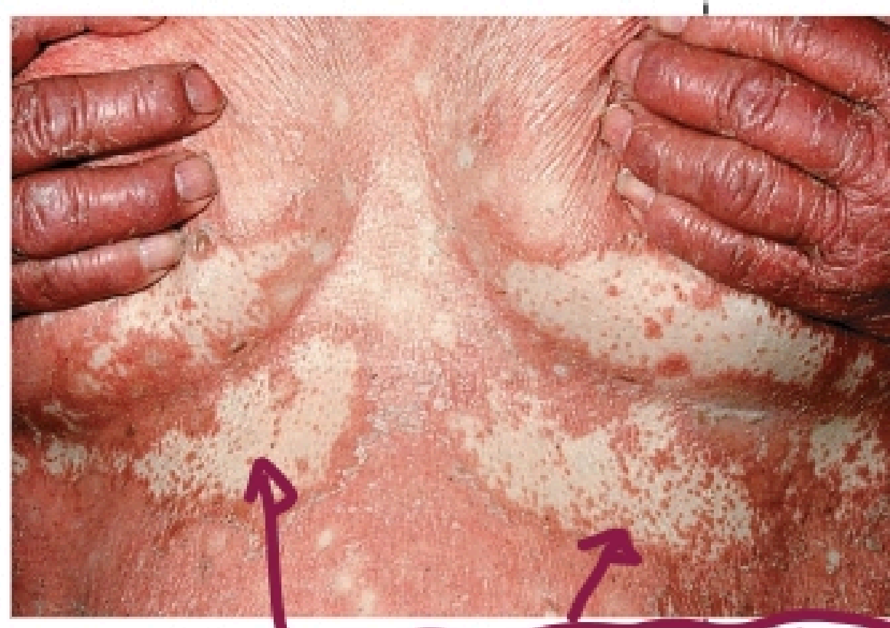
. Anti Histamine as Symptomatic Treatment., Emollents

. In Sever Cases Use Steroids.



➢ ***Pityriasis Rubra Pilaris:***

it is Mild Itching Disease of Unknown Cause, affect Hair Follicles Causing Follicular Hyperkeratosis. "Follicular HyperKeratotic Papules of reddish-Orange Colour."
May be Related to Vitamin **A** Deficiency.



Sparing isolated islands of normal skin.

- **Sites:** Mainly in Scalp, and Trunk.
  ← ē no Hair loss

- **Treatment of Pityriasis Rubra Pilaris:**

Local Treatment	Systemic Treatment
1. Emollient.	1. Vitamin **A** & **E**.
2. Salicylic acid. keratolytic	2. Oral Retinoids (Etretinate), Also MTX
3. Coal Tar.	3. PUVA.

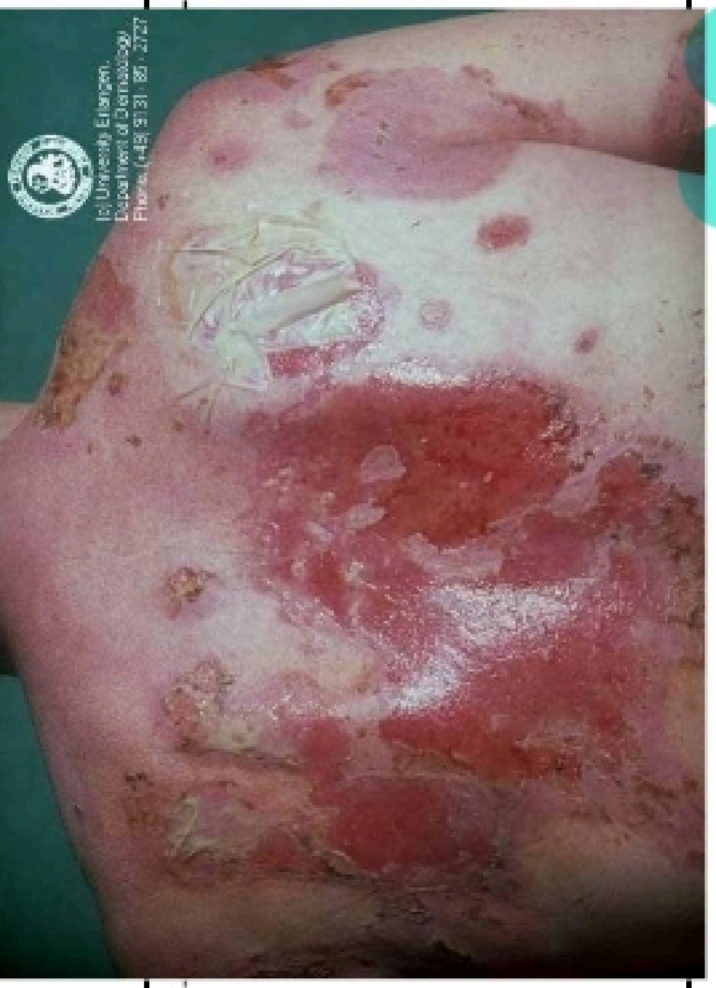
- **Local and Systemic Steroids are Not effective her.**

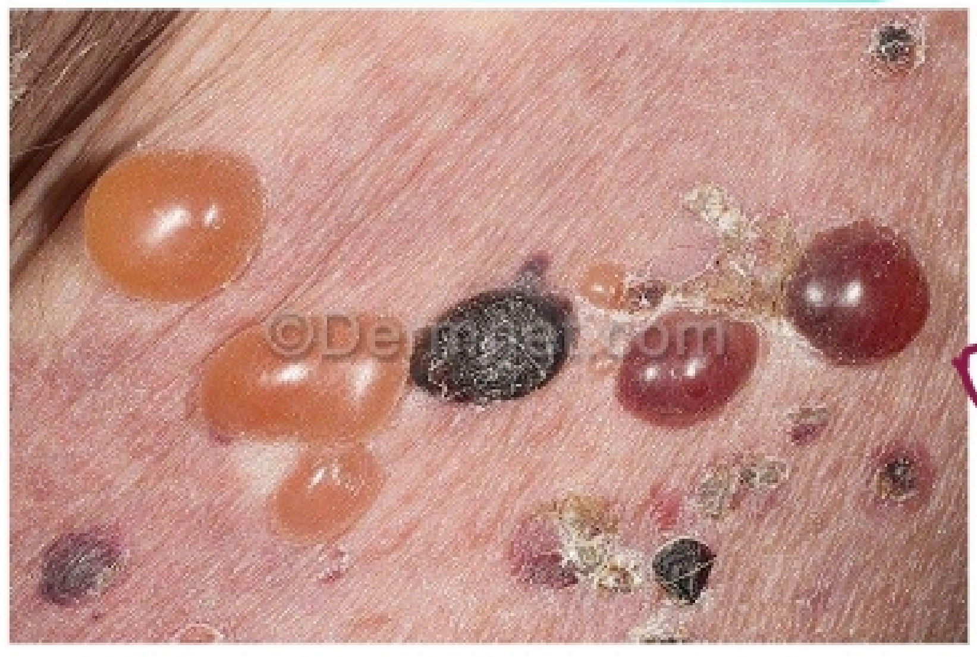
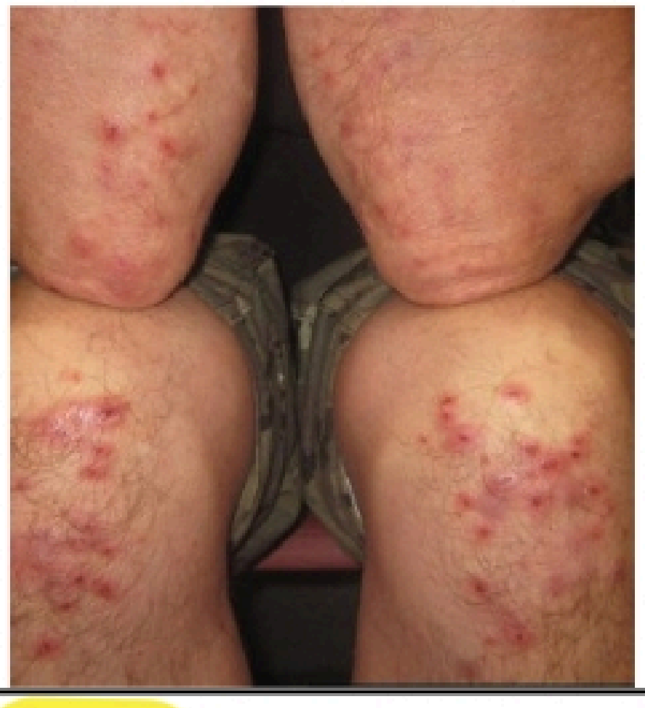
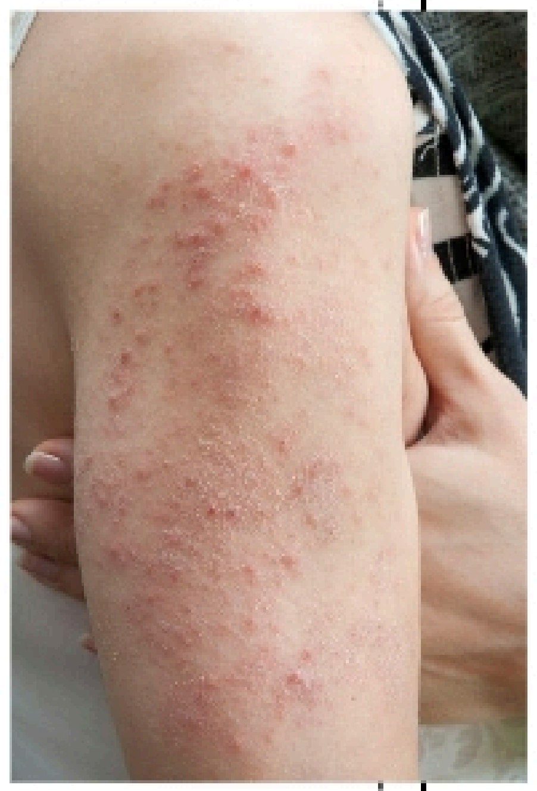
Vesiculo - Bullous Disorders

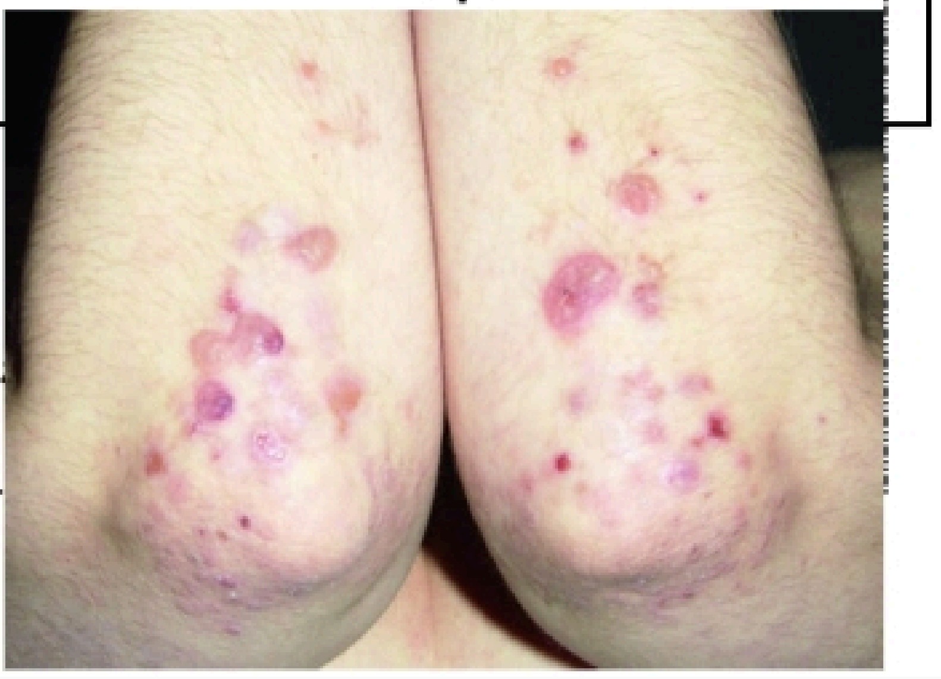
Group of Disorders Characterized by Bullous "Blister" and\or Vesicle formation.

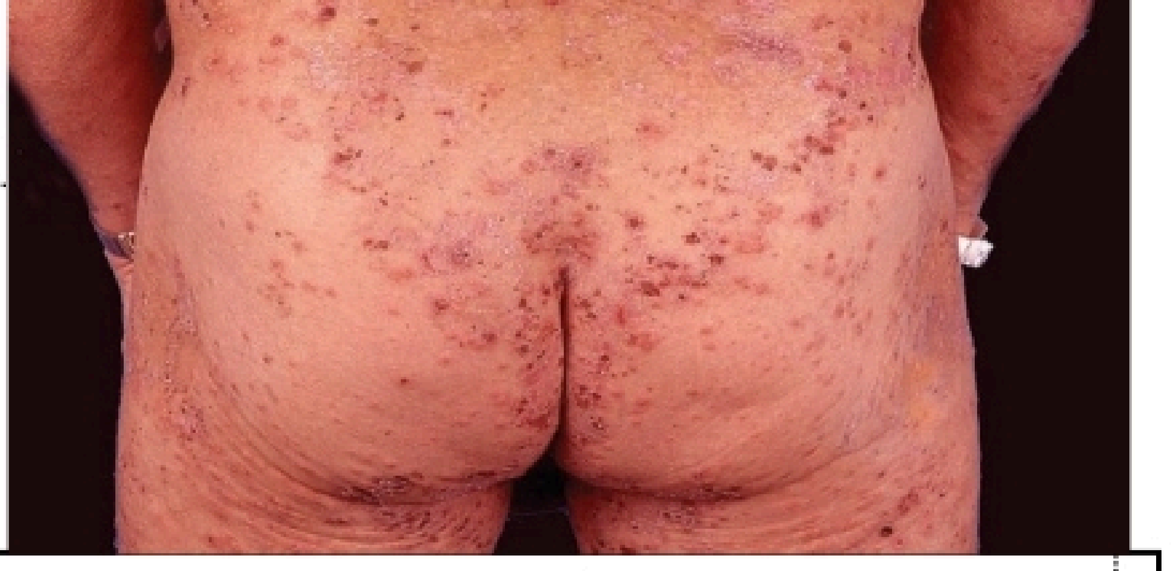
- Causes of Vesicles or Bullae: " A. B. C. D. I "

1- **A**uto immune bullous Disease, Ex;(Pemphigus, Pemphigoid, Dermatitis Herpetiformis)
2- **B**urns.
3- **C**hemicals, Ex; (Strong Acids and Alkali).
4- **C**ongenital, Ex; (Epidermolysis Bullosa).
5- **D**rugs, Ex; (Penicillin, Barbiturates, Sulphonamides).
6- **I**nfection→ Bacterial Ex; (Impetigo, SSSS), Viral→ Ex; (HSV, HZV), Fungal→Tinea Pedis



	Pemphigus Vulgaris	**Bullous Pemphigoid**	**Dermatitis Herpetiformis**
Definition	Chronic, Auto immune, Life Threatening, Non Pruritic Painful, ***Bullae,*** affect Skin and Mucous Membrane. 50-75% Bullae are Flaccid Easily rupture, **-Positive Nikolsky Sign;** Contain only Serous Fluid "No Blood" **Nikolsky Sign;** It is a Sliding of Epidermis on Dermis by Finger Pressure on lesion leading to Erosion of Normal & Abnormal Skin.	Chronic, Auto immune, Not Life Threatening, Pruritic, Mild Painless ***Bullae***. Bullae are Large, Tense, Filled with Blood Difficult to rupture, Thick memb غاطية Deep **-Negative Nikolsky Sign**. 	Chronic, Auto immune, Intensely Pruritic, Painless (But Burning), Grouped Vesicles of Symmetrical Distribution, Associated with Caeliac Disease (Gluten Sensitivity).  
Athiology	Ab (**IgG**) attack Desmosomal Protein (**Desmoglein3**) in Epithelium **Desmosomes** Leading to Separation between **Desmosomes** forming **Blisters**.	Ab (**IgG**) attack **B**ullous **P**emphigoid **A**ntigen "**BPA**" That found in **Hemi-desmosomes**→ Chemotaxis & attraction of Inflamm - Cells	Ab **(IgA)** attack Trans-Glutaminase in Skin & GIT leading to Activate Complement System→ Chemotaxis & attraction of Inflamm - Cells
Site	**50-70% Oral Lesion** interferes with Eating & Drinking. Also in; **Scalp**, **Face**, **Genitalia**.	**10-15% Oral Lesion** (mucus. memb) Also in; **Trunk** & **Flexure Surface**.	Extensor Surface of **Elbow**, **Knee**, and **Shoulder**. Also in; **Buttocks**, and **Face**.
Age & Gender	**40 – 60** years old. **M = F**	**60 – 80** years old "Elderly". **M = F**	**30 – 40** years old "young". **M > F** " 2:1"
General Condition	**Very Bad**, Dysphagia, Weight loss, Weakness, Hoarseness of voice.	**Good** General Condition.	**Good** General Condition.
Diagnosis	**1.** Biopsy from involved Skin Send to Histopathology Shows→ **Intra-Epidermal Bollous** Thin Easily Rupture, No Blood, with **Acantholysis** (keratinocyte float free in Bullous). B/c it attacks Desmosomes	**1.** Biopsy from involved Skin Send to Histopathology Shows→ **Sub-Epidermal Bullous**, Tense, Turbid, with Blood at Basement Membrane.	**1.** Biopsy from involved Skin Send to Histopathology Shows→ **Sub-Epidermal Vesicles**, with Inflammatory Cells "Neutrophilis + Esinophilis".





	2. Direct Immuno-fluorescence Study, Will Show→ **Inter Cellular** Deposition of **IgG**. Ab تدور عليه بالمكان نفسة **3.** Indirect Immuno-fluorescence Study, Detect→ **IgG** by **ELISA**. Ab تدور عليه في ال Blood **4.** Tzank Smear is **Positive**.	**2.** Direct Immuno-fluorescence Study, Will Show→ Deposition of **IgG** on **Basement Membrane**. Sub-epidermal **3.** Indirect Immuno-fluorescence Study, Detect→ **IgG** in 70% in Serum. [illegible] B.P **4.** Tzank Smear is **Negative**.	**2.** Direct Immuno-fluorescence Study, Will Show→ Deposition of **IgA**. **3.** Jejunal Biopsy, Will Show→Sub-Total Villous Atrophy. **4.** Tzank Smear is **Negative**.
Treatment	***Systemic Treatment:** **1.** Steroid; Start with Large Dose then Decrease. **2.** Immunosuppressive. **3.** Plasma-phoresis. ***Local Treatment:** Specific Care to Skin & Mouth lesion by; Potassium Permanganate + Topical Steroid Cream + Topical Anti-Biotic + Anti-Septic Mouth Wash. **Sever Cases Treated Similar to Sever Burns.**	***Systemic Treatment:** + Anti-Histamin Steroid; But Small Dose. ***Local Treatment:** Specific Care to Skin & Mouth lesion by; Potassium Permanganate + Topical Steroid Cream + Topical Anti-Biotic + Anti-Septic Mouth Wash. if mucus membrane affected	*** *1\3 of Patient → Self Limiting.*** Gluten Free Diet. **Dapson;** Testing Dose →***100mg***, Treatment Dose → ***25-50mg***. **- S\E of Dapson;** **1.** Pancytopenia; "***Haemolytic Anemia*** (Especially in pt with G.6.P.D. Deficiency) **+ *Leukopenia*** **+ *Thrombocytopenia*".** **2.** Peripheral Neuropathy. **3.** Hepatitis (**Do LFT**).

Epidermolysis Bullosa:

Large Group of Clinically Similar Desquamating Disease of Skin and Mucous Membrane between Epithelium & Connective Tissue (Dermis).

Epidemolysis Bullosa is a part of Genetic Diseases known as "Geno-Dermatosis".

- **Types of Epidemolysis Bullosa:**

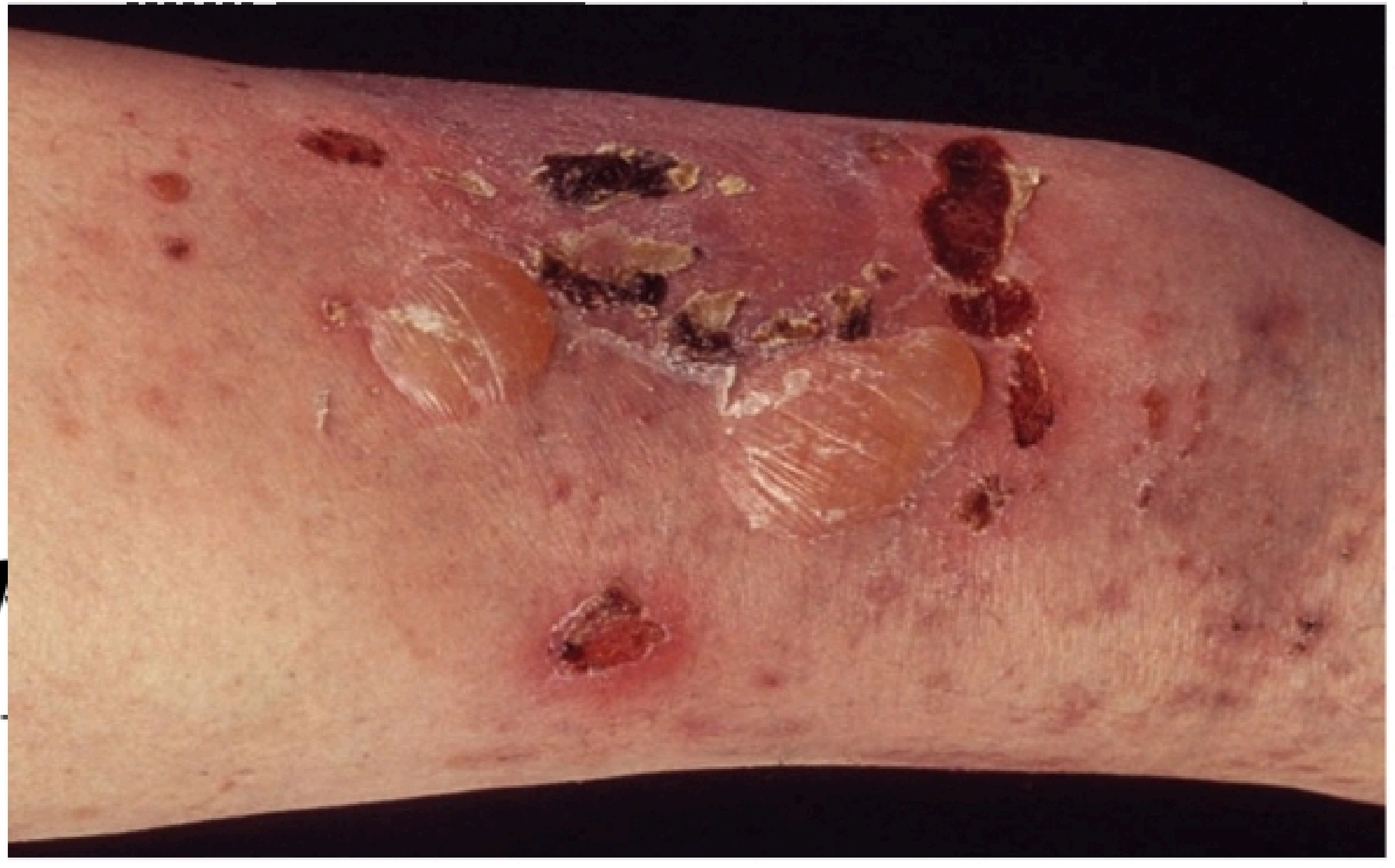
1. *Epidemolysis Bullosa Simplex*: "Best Prognosis" Autosomal Dominant, ***Start in Early Childhood*** (***6-7*** Months), Pathology in Epidermis, affect Nail and Hair **without Scar.**

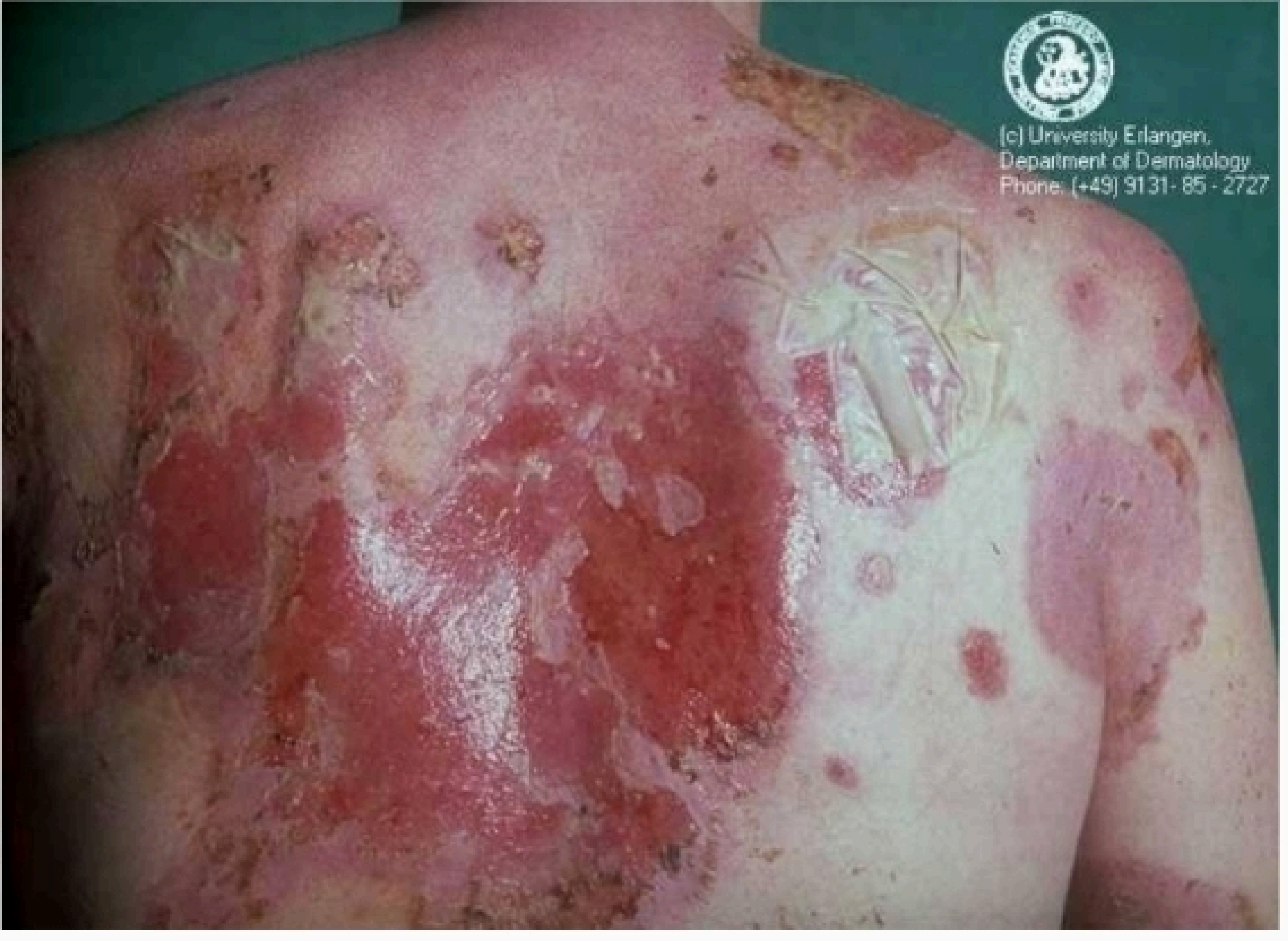
2. *Epidemolysis Bullosa Junctional:* Autosomal Recessive, ***Start at Birth***, Pathology in Basement Membrane, affect Nail and Hair **without Scar**, also affect Mucous Membrane.

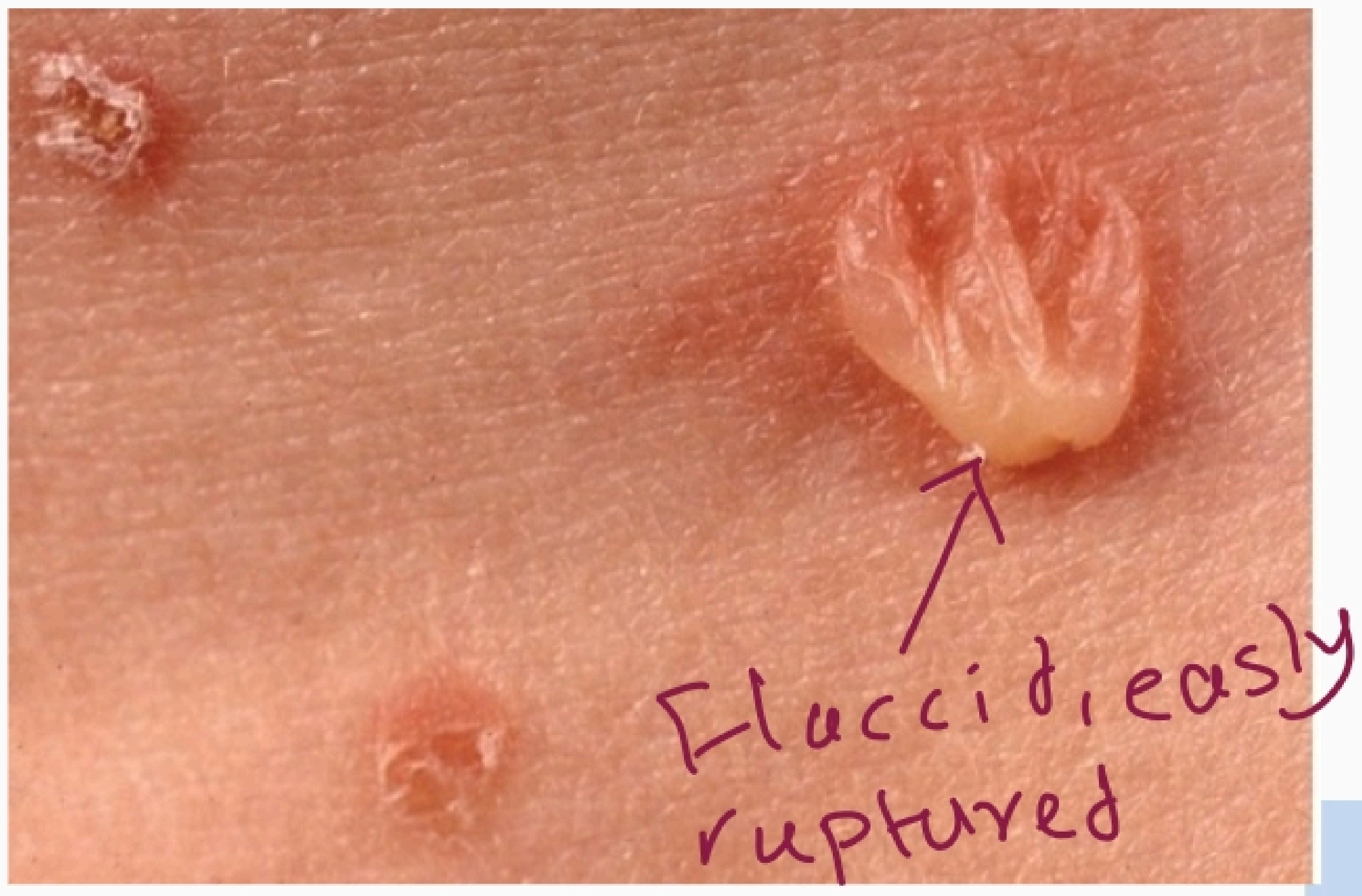
3. *Epidemolysis Bullosa Dystrophica:* "Worst Prognosis" Autosomal Dominant or Autosomal Recessive, ***Start at Birth***, Pathology in Basement Membrane Causing Alteration of Collagen, affect Mucous Membrane, Teeth, Nail and Hair **with Scar**.

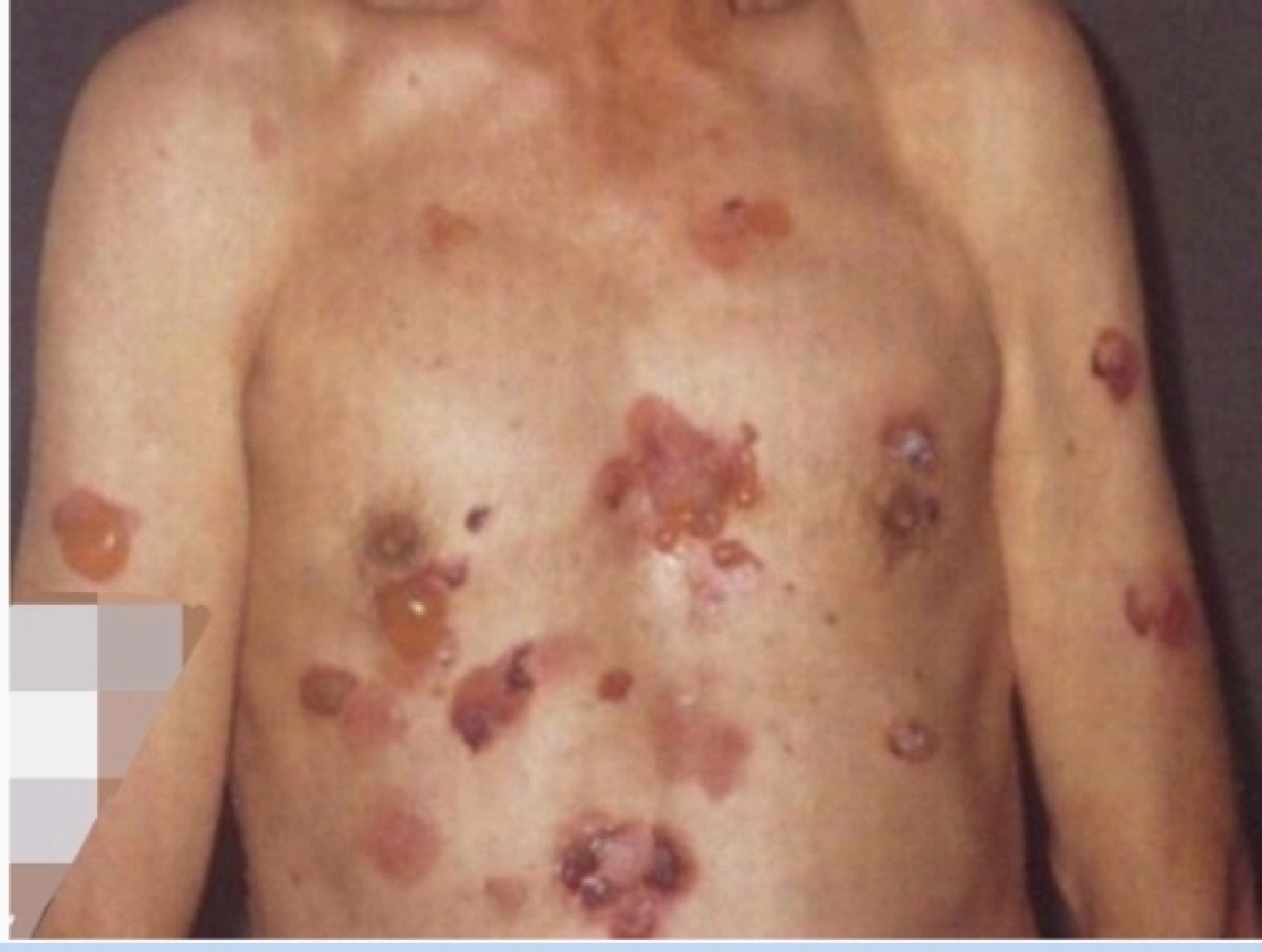
- **Treatment of Epidermolysis Bullosa:**

Symptomatic Treatment.

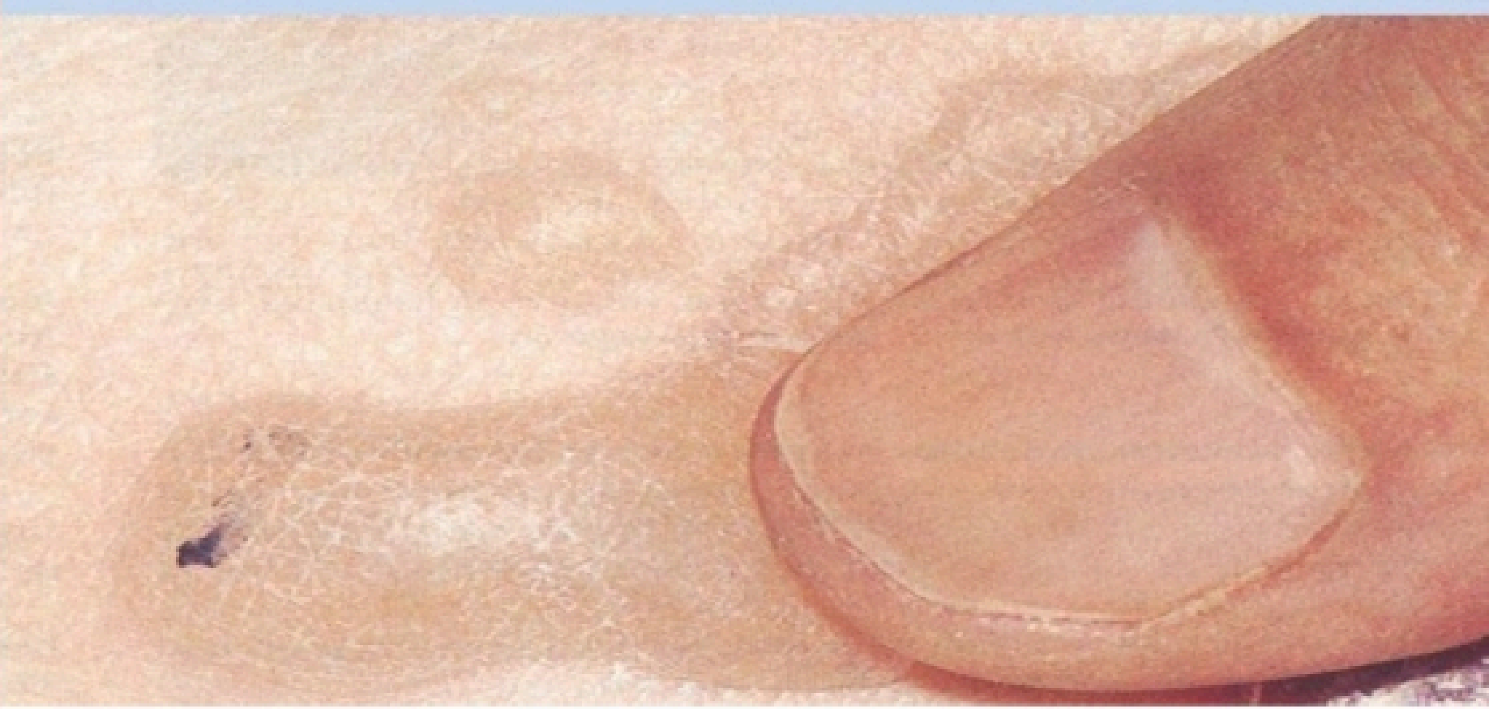


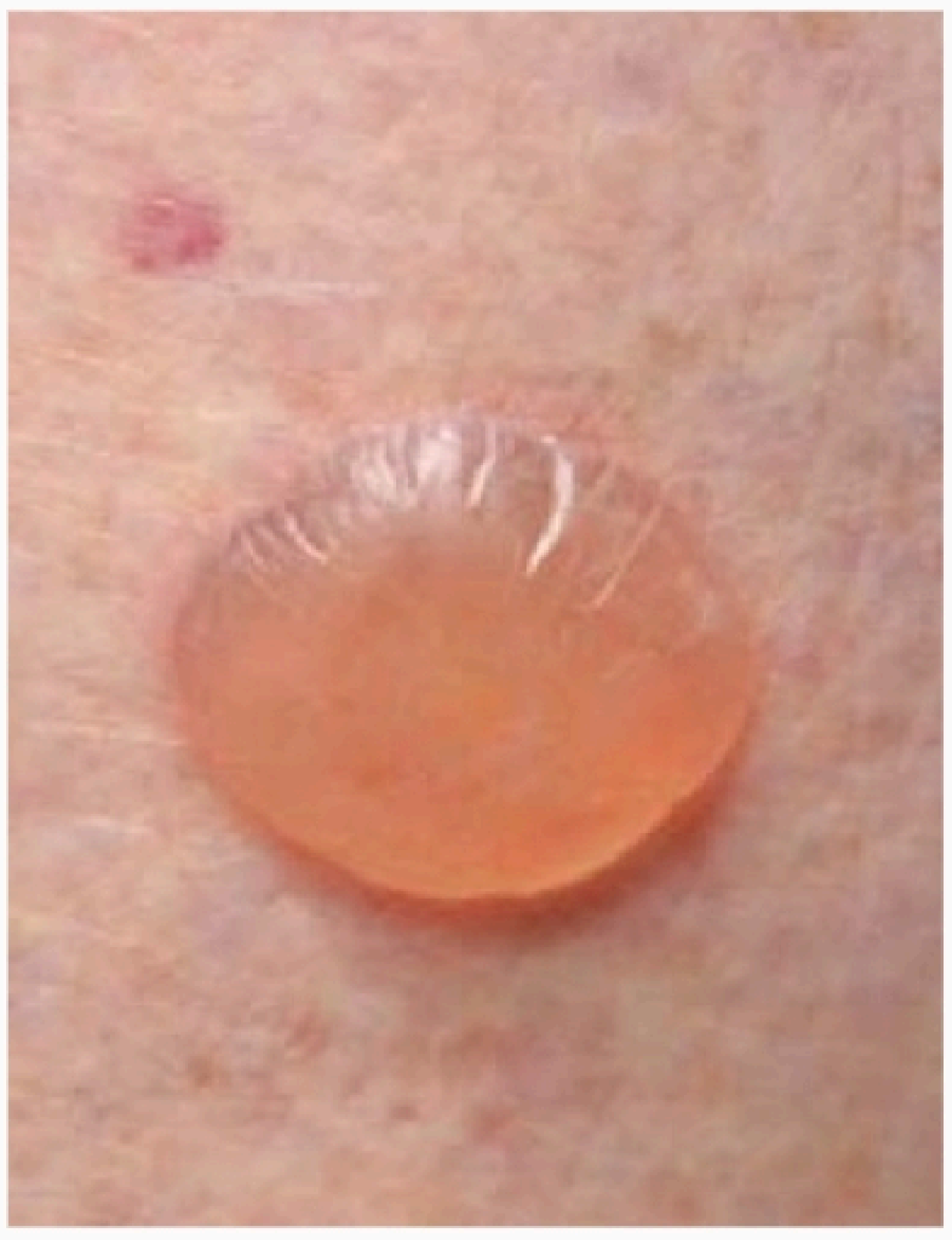

(c) University Erlangen, Department of Dermatology Phone: (+49) 9131-85-2727

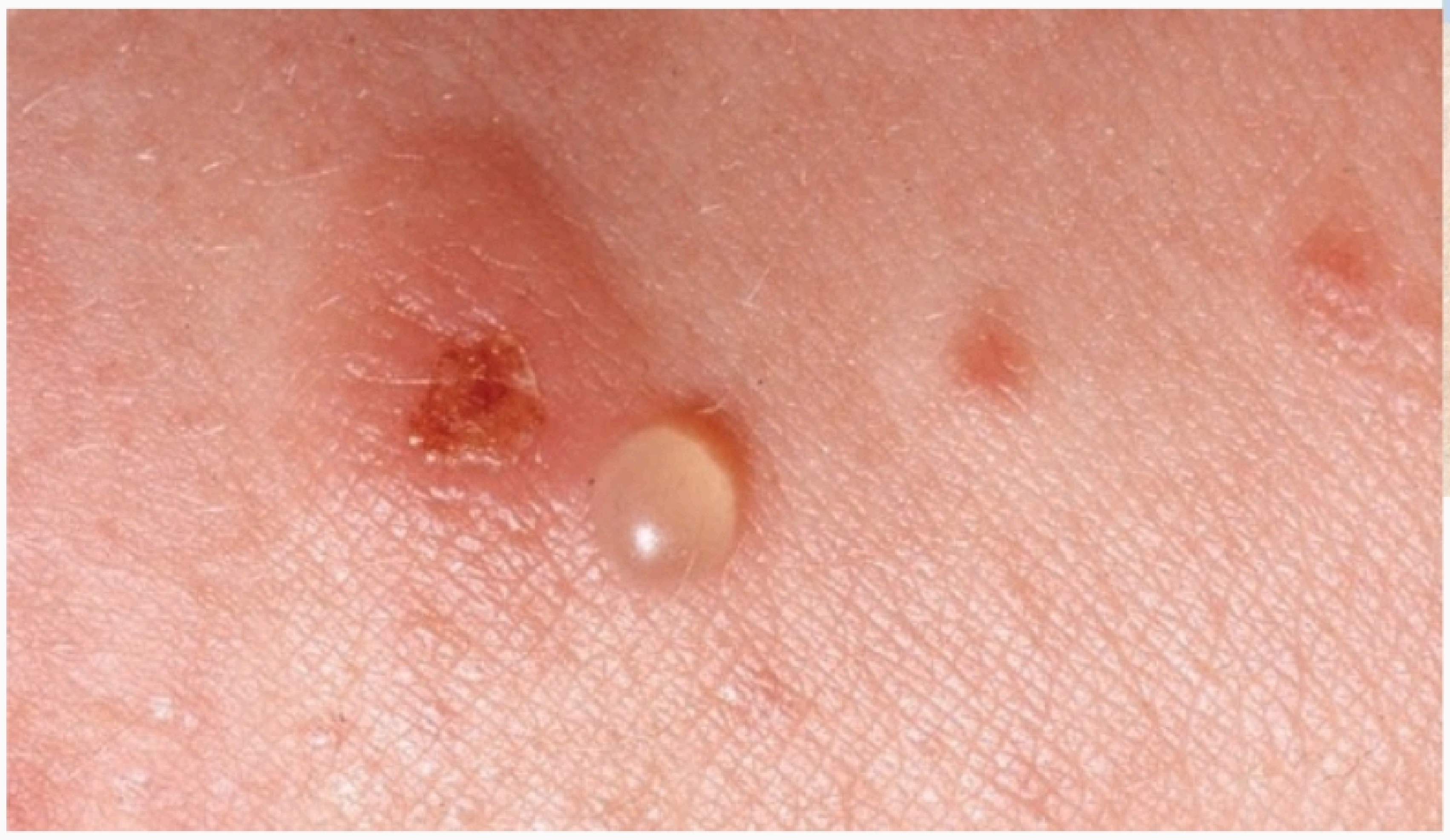

Flaccid, easly ruptured

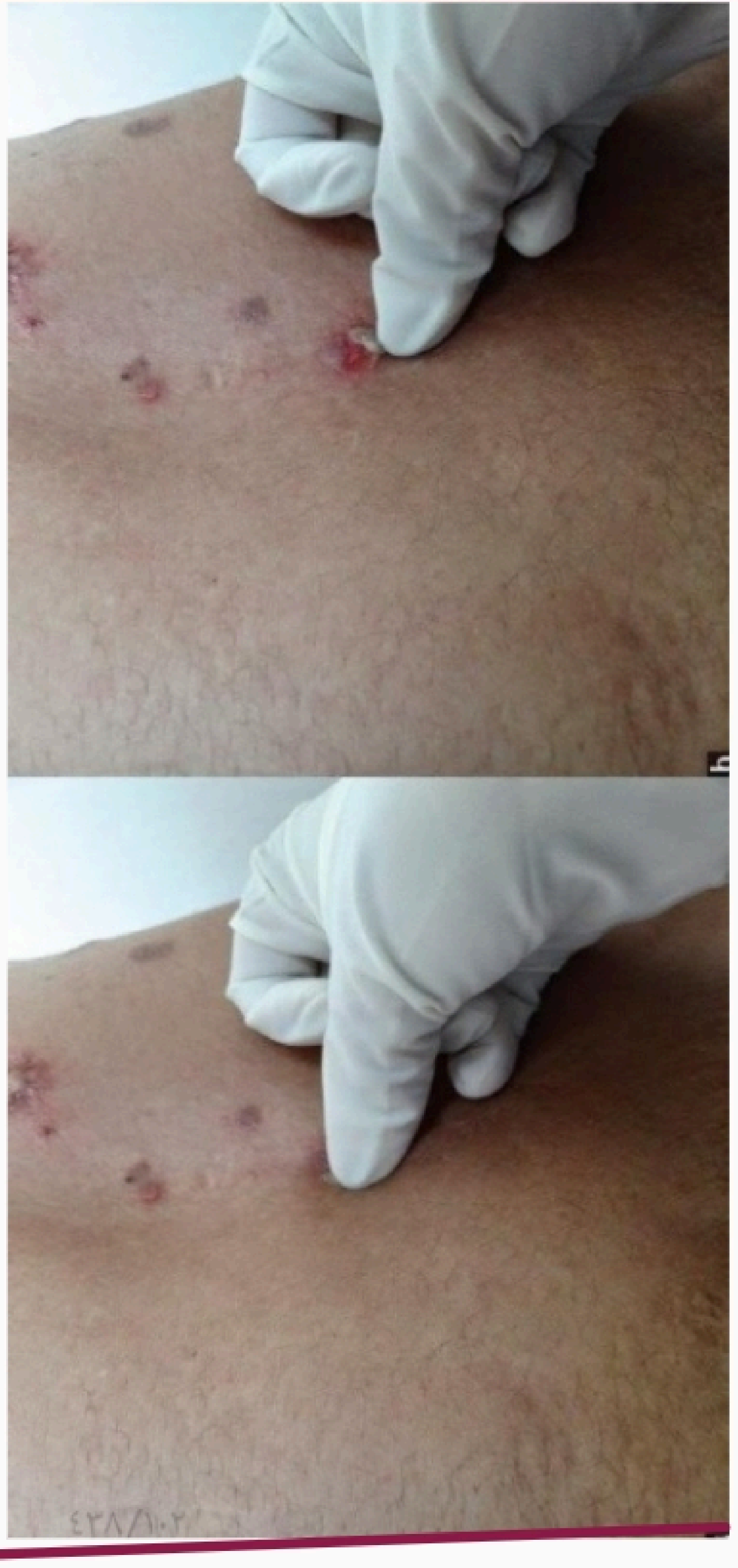


+ ve Nikolski's Sign

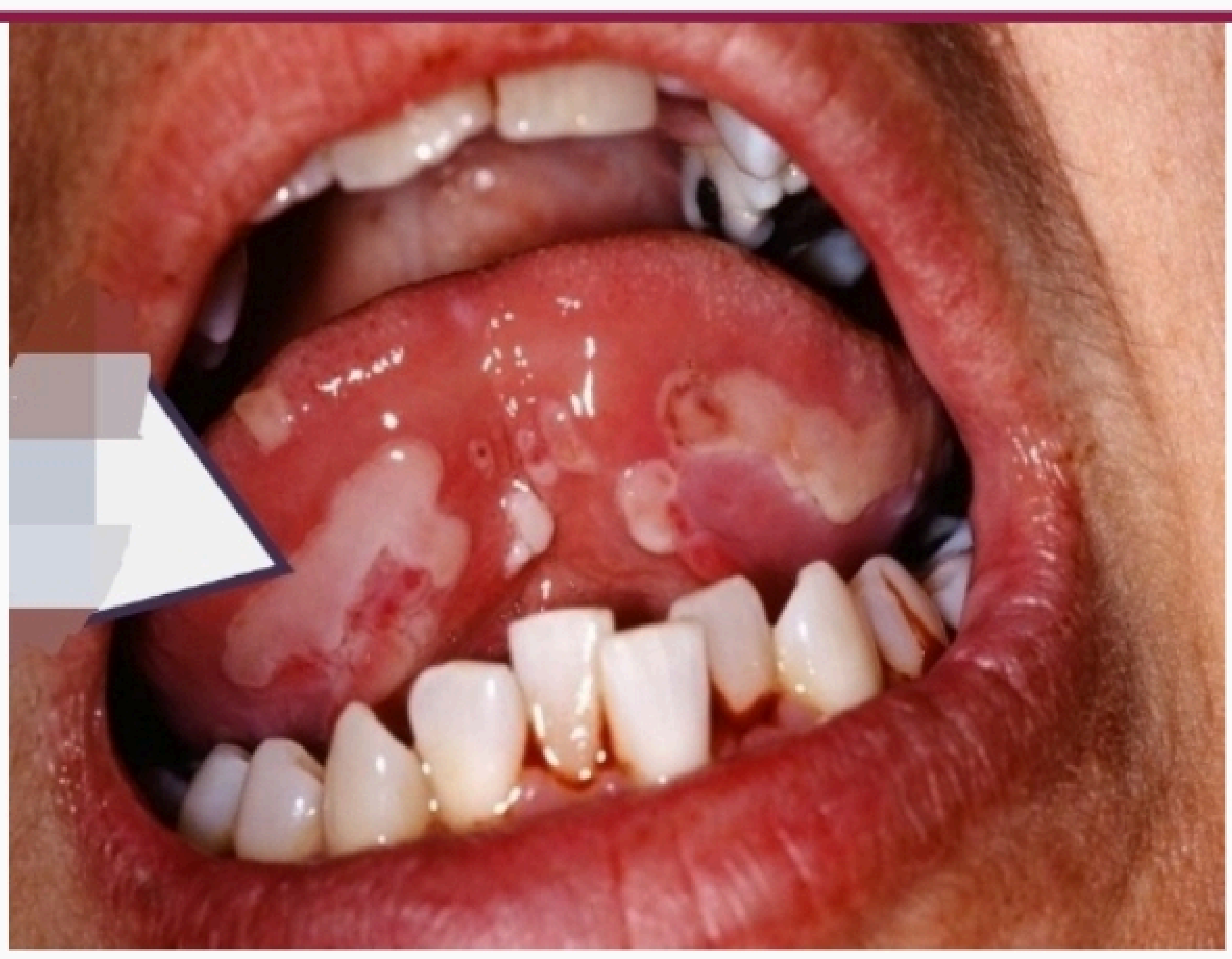




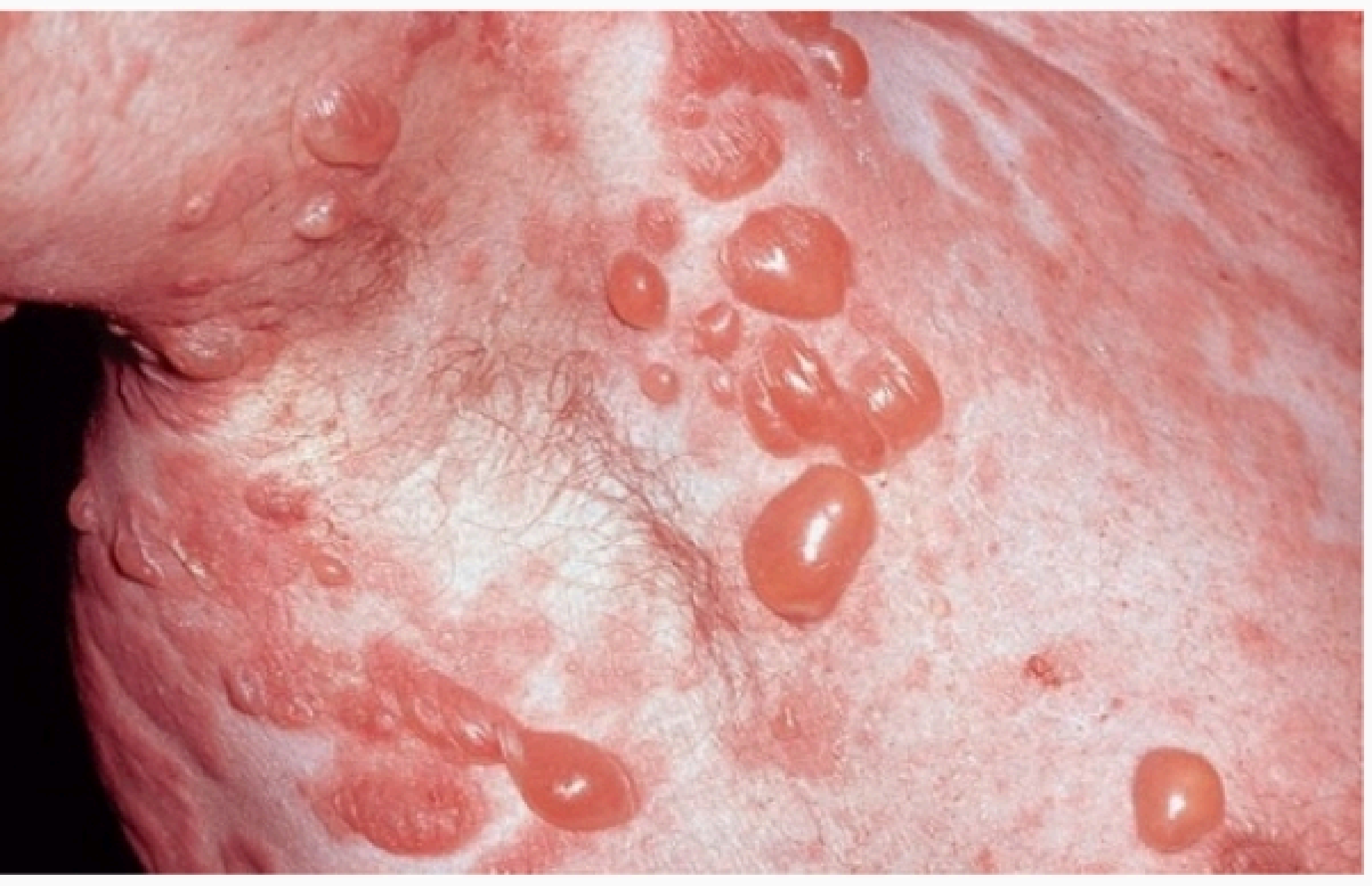


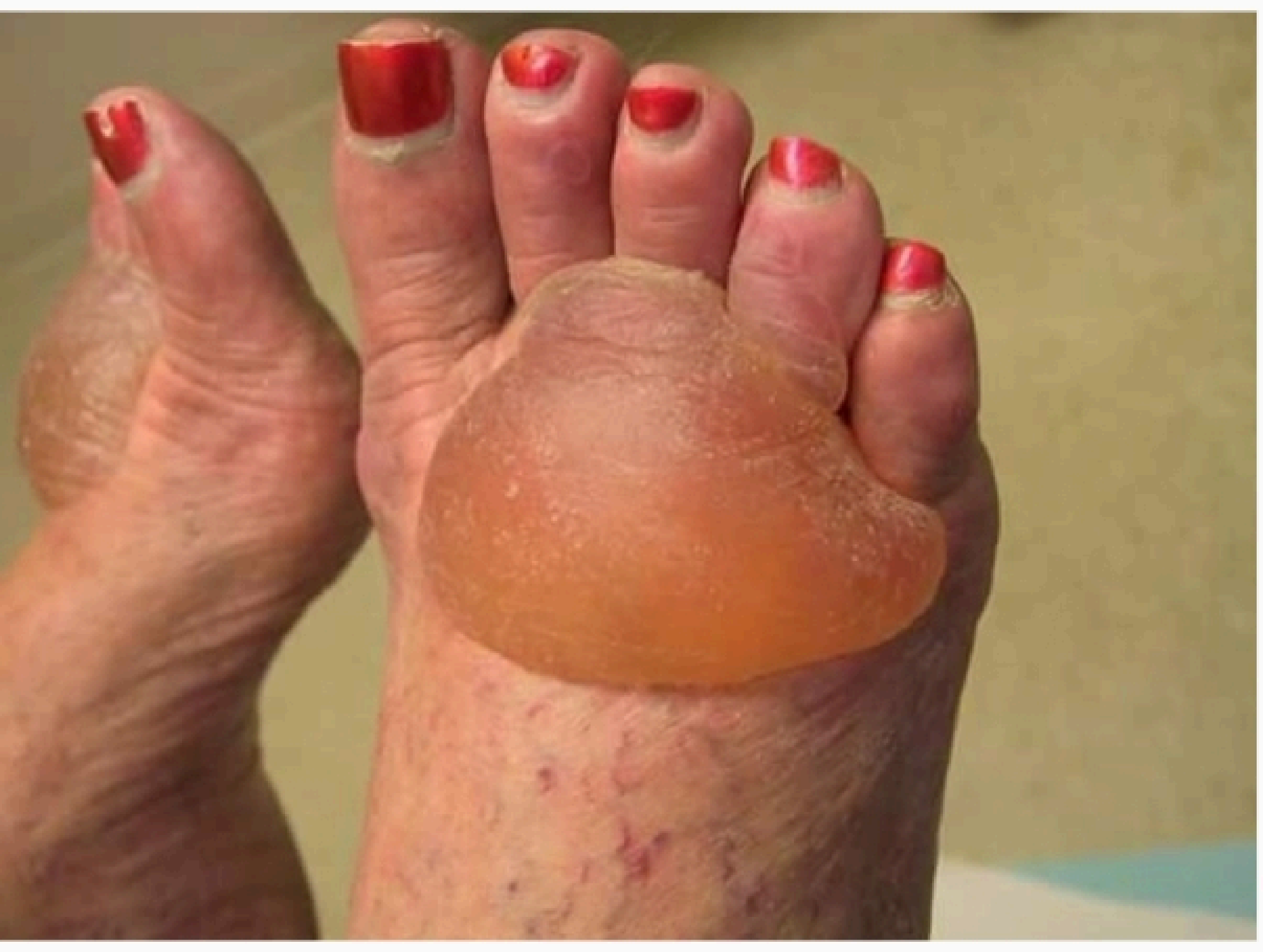


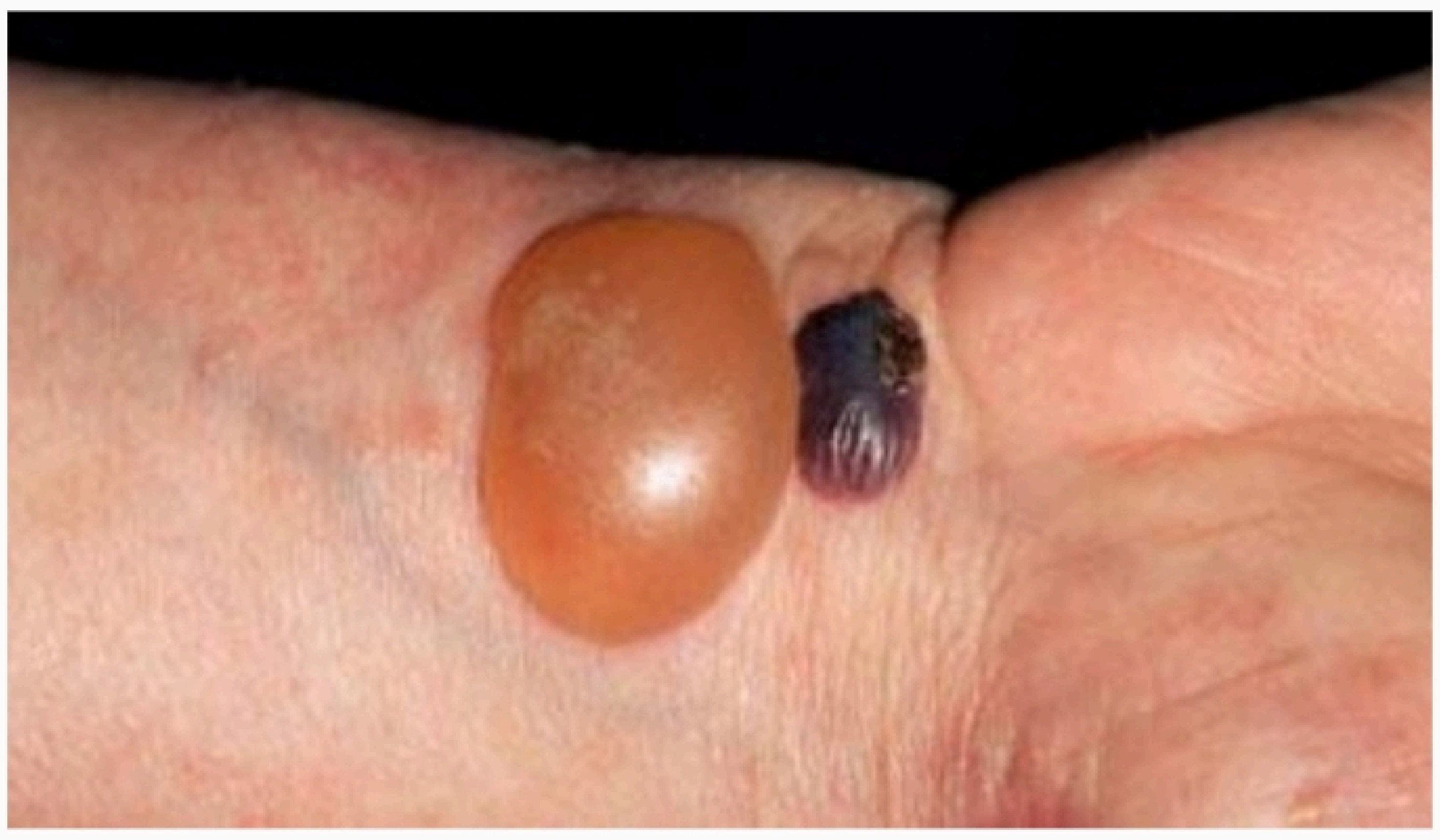
Pemphigous vulgaris

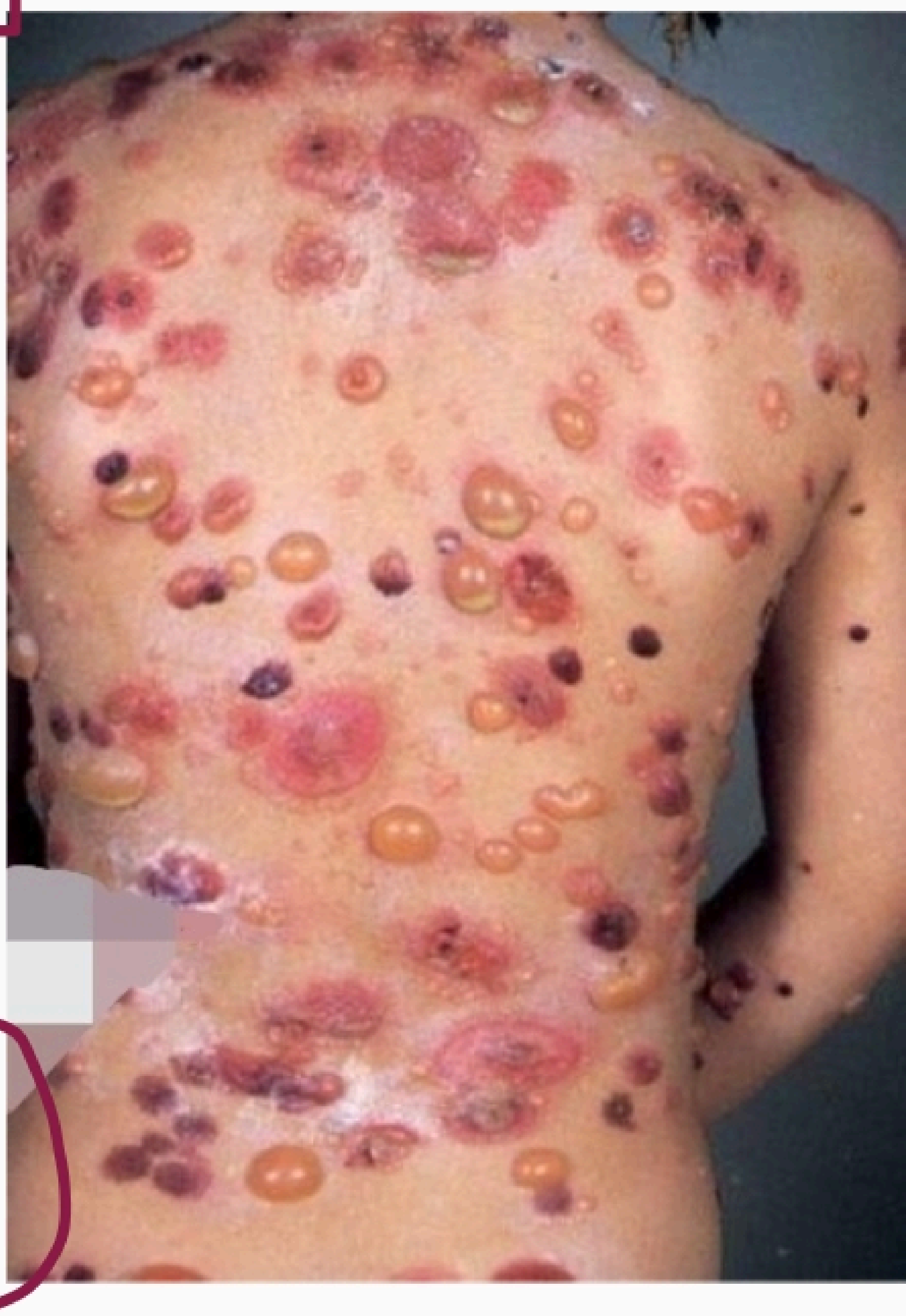


Orall Bullous
mucous memb. involve.

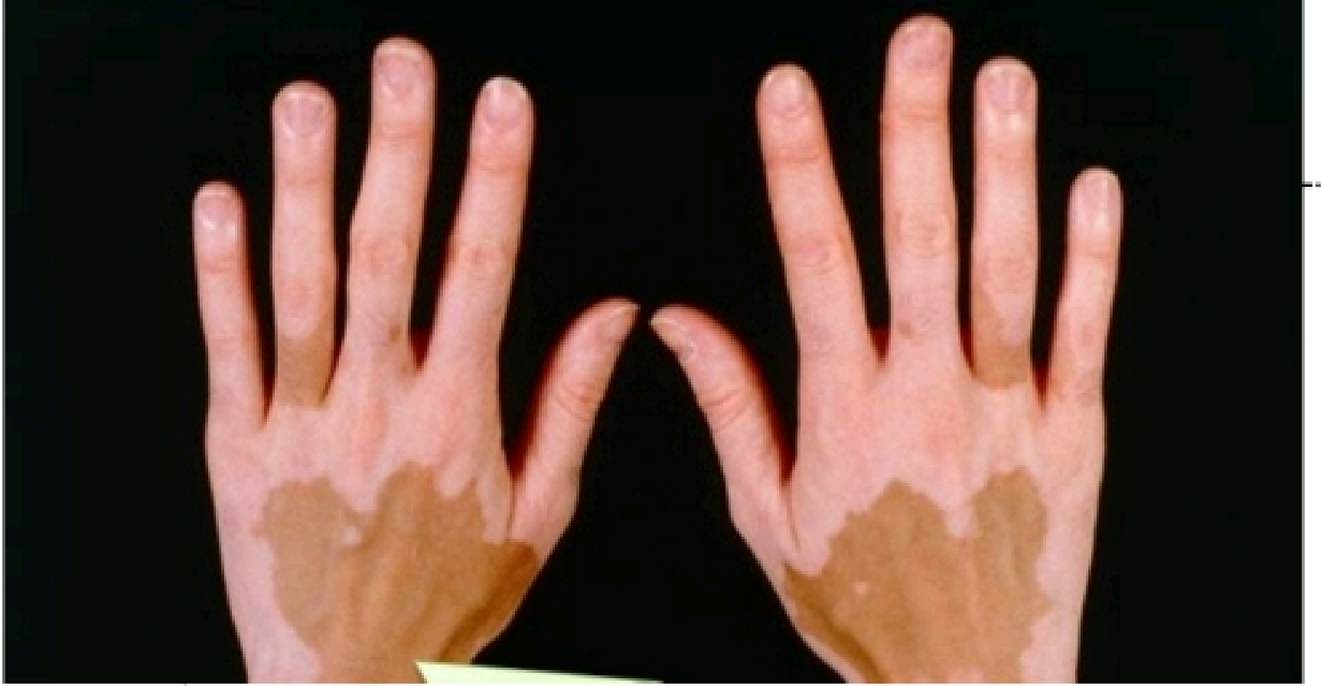








B. pemphigoid

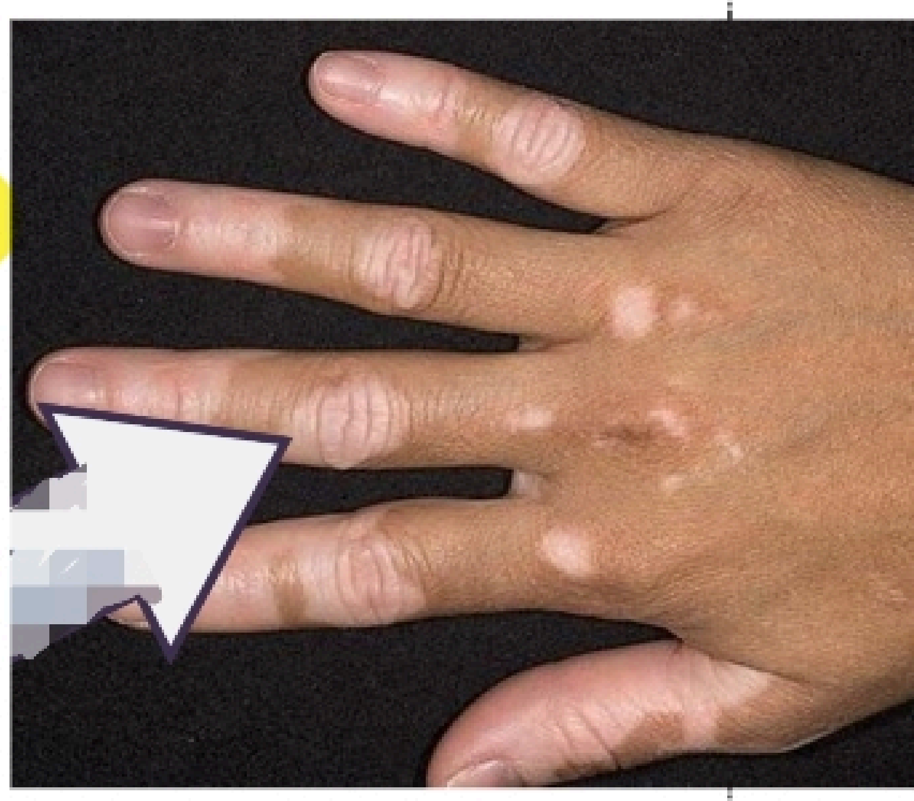


Pigmentation Disorders

the proplom is in melanin pigment secreted by Melanocyte

Include: Hypopigmented Disorders, Depigmented Disorders, Hyperpigmented Disorders.

- De-Pigmented Skin Disorder: Leukoderma

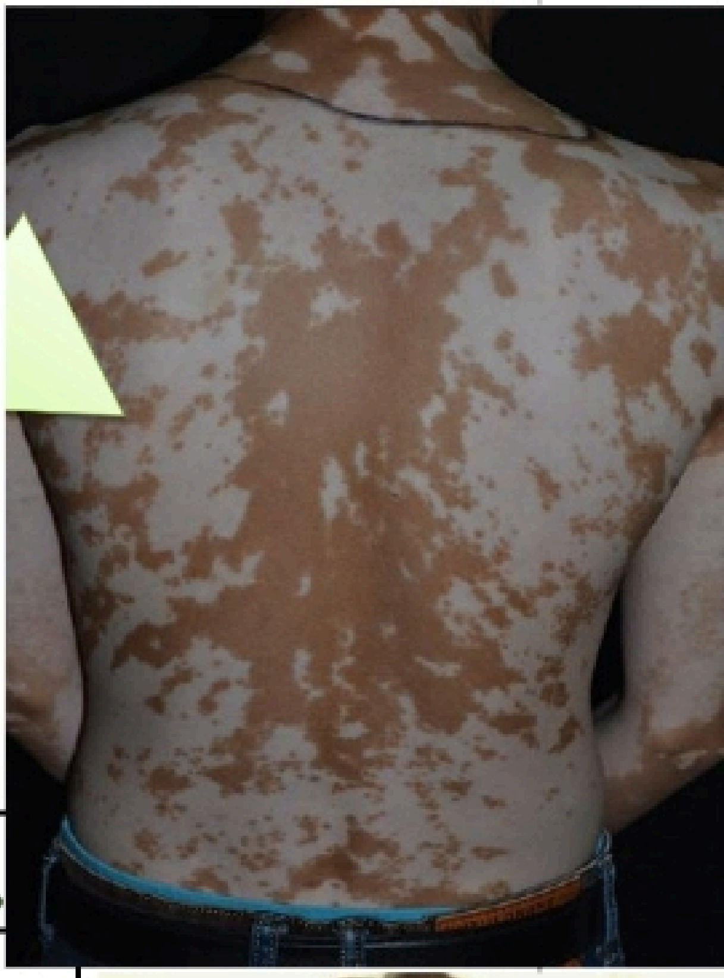


Vitiligo: It is an Acquired De-Pigmented Cutaneous Disorder Caused by Loss of Melanocyte of Epidermis.

Most Common Age between **10 – 30** years old, "**M = F**".

- Athiology: Unknown, But there are ***Pathogenic Theories***;

1. *Auto immune Theory;* (Commonest) 1 Presence of "***Ab***" against Melanocyte, 2 associated with Other Auto immune Diseases, (Ex; DM Type1, Addison Disease, Hypothyroidism).



2. *Neurotoxic Theory;* Present in certain Dermatomes neurotoxins Destruct Melanocyte

Secreted by the nerves cells in the affected dermatome

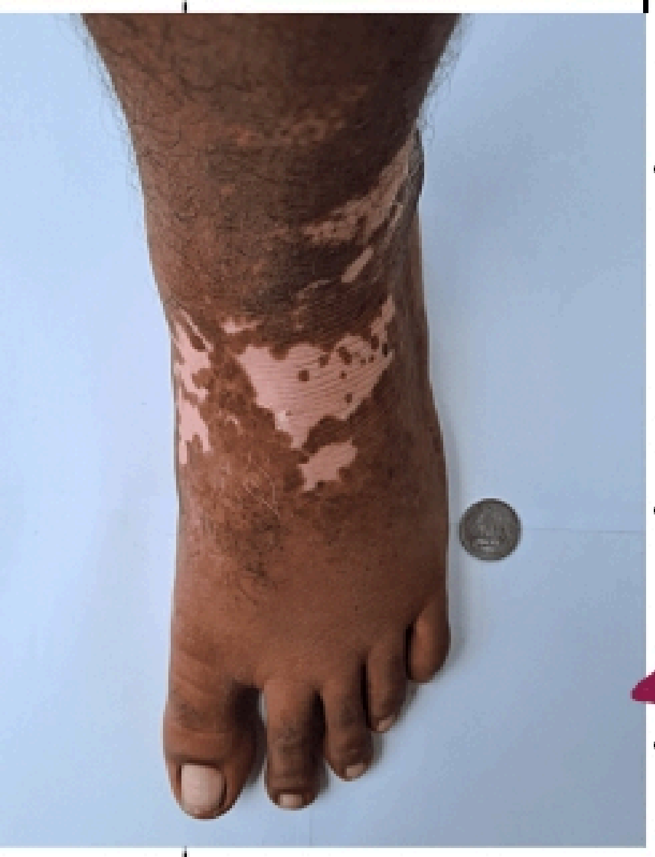
3. *Self Destruction;* (Apoptosis).

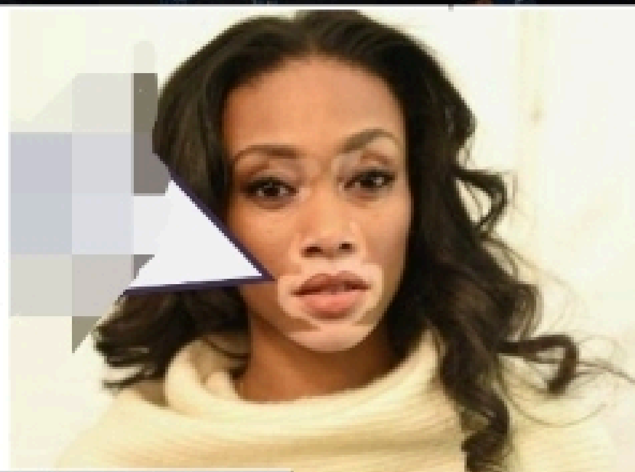
4. *Stress*.

Types of Vitiligo:

1. *Local Vitiligo*; Could be:	**2. *Diffuse Vitiligo*; Could be:**
- Acral; Found in Fingers, Lips.- Lip-tip Pattern	- Universal; Generalized
- Segmental	- Common; (Vulgaris)

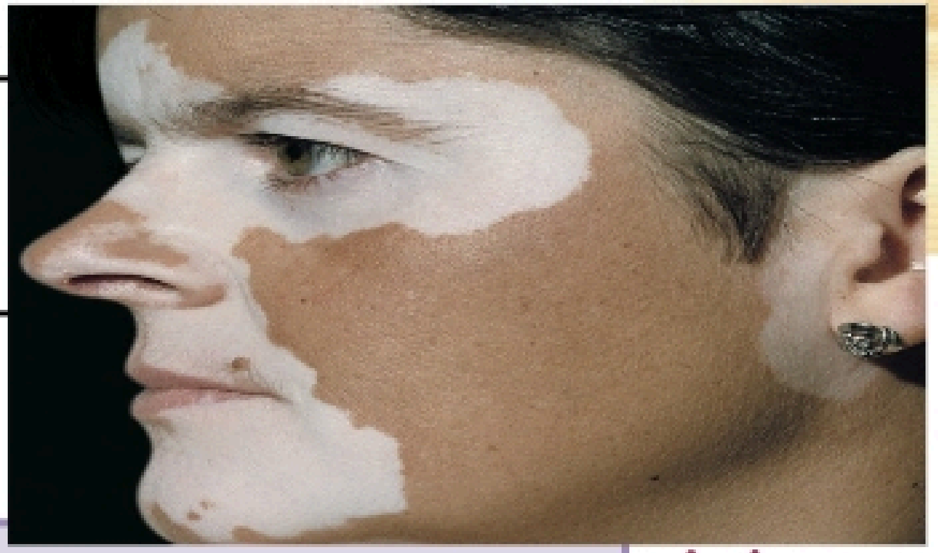
- Acro-facial:- around the orepheses of the face





- Sites:

Hand, Wrist, Knee, Eyelid, Genitalia, around Mouth (Acrofacial), Over Bony Prominence.



Clinical Picture: Well Defined De-Pigmented Patches or Macules.

- **Positive Koebner Phenomenon.** "Vitiligo After trauma"

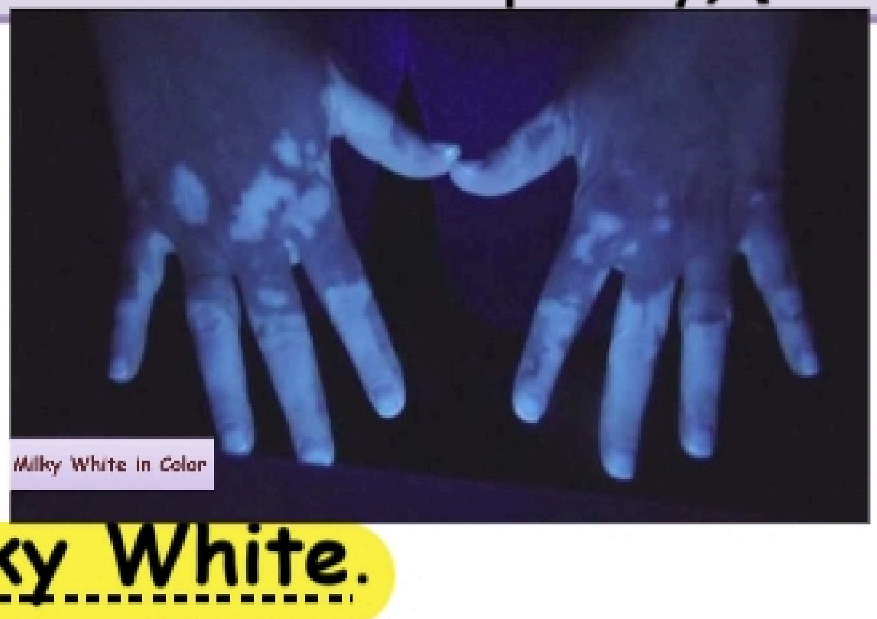
D\D of Vitiligo:

1. Post Traumatic,\ **2.** Post Inflammatory "Eczema",\ **3.** Pitryasis Versicolor,\ **4.** Pityriasis Alba,\ **5.** Tuberculoid Leprosy,\ **6.** Hypo-Pigmented Naevi = (Navus anemicus)

D.2 localized hypersensitivity to catecholamine ē resultant V.C

Causes of acquired Leukoderma

pityriasis alba:-
- Common in children
- Hypopigmented spots in the face
- Causes:- Parasitic infestation
- Malnutrition



- Diagnosis:

1. Clinically Mainly.

2. Woods Lamp → Milky White.

3. Blood Investigations; CBC → High Lymphocytes.

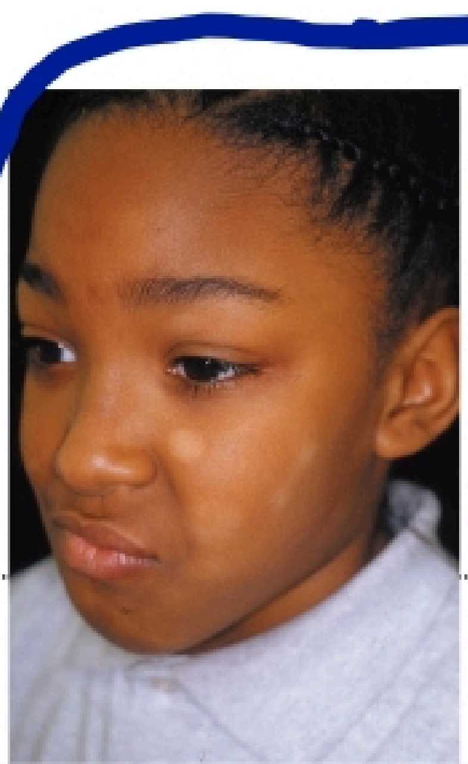
4-Skin biopsy:- Loss of melanocyte

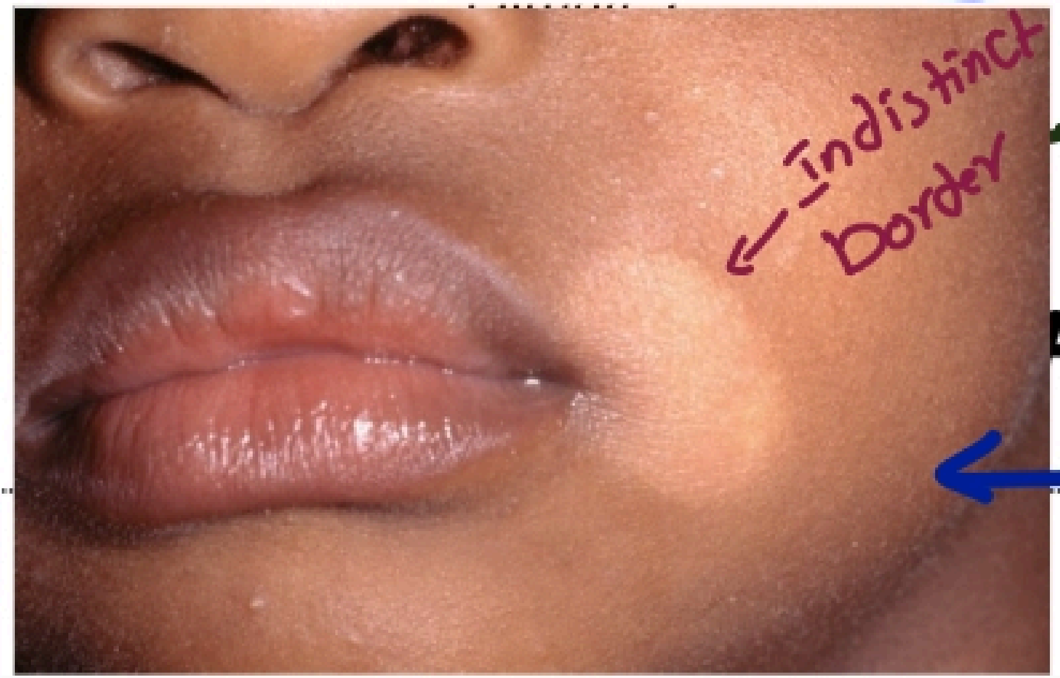
- Treatment of Vitiligo:

1. Reassurance.

2. Protect the Patient from Excessive Sun Exposure by Using Sun Screen.

3. Now Depend on the Type;

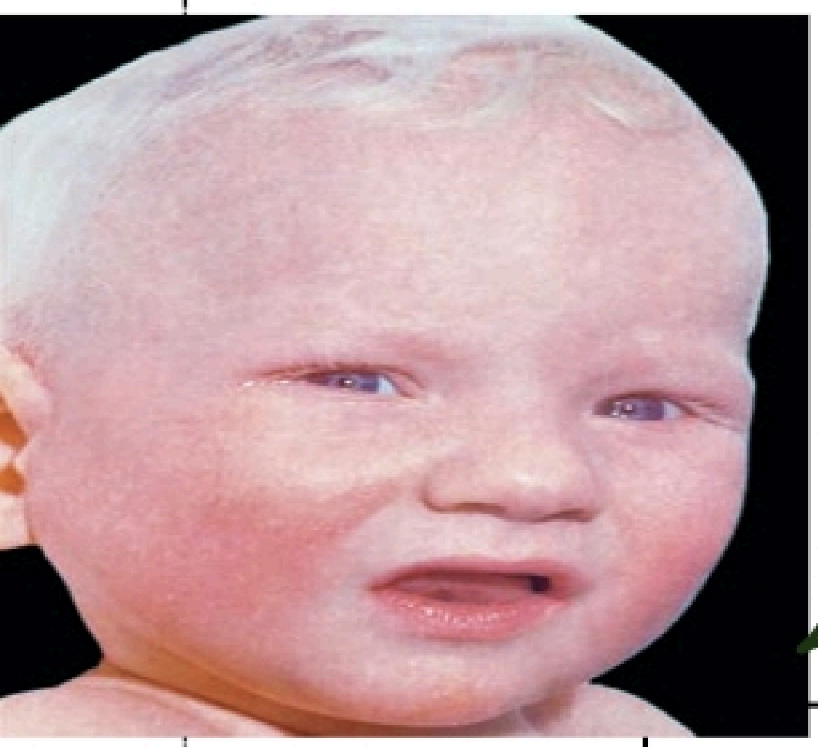




Pityriasis alba

Localized Type:	Multiple diffuse Type:
1. Local Steroids. ?? **2.** Macrolide; Ex→ Tacrolimus. **3.** Cosmetic Camouflage (تمويه); Cream Cover Color of the Skin "Especially in ***Segmental Type***".	**1.** PUVA (**Psoraline + UVA**). **2.** Systemic Steroids → Used in Unstable Active Vitiligo. "Increases & transport from site to site" **3.** Narrow bond **UVB** (~~290-300nm~~ 311 — 319nm) → Good in Non active Vitiligo. **4.** Melanocyte Graft.

- **If Patient had 90% of his body affected with Vitiligo; → Then Do "De-Pigmentation" by Ethyl Ether Hydroquinone.**



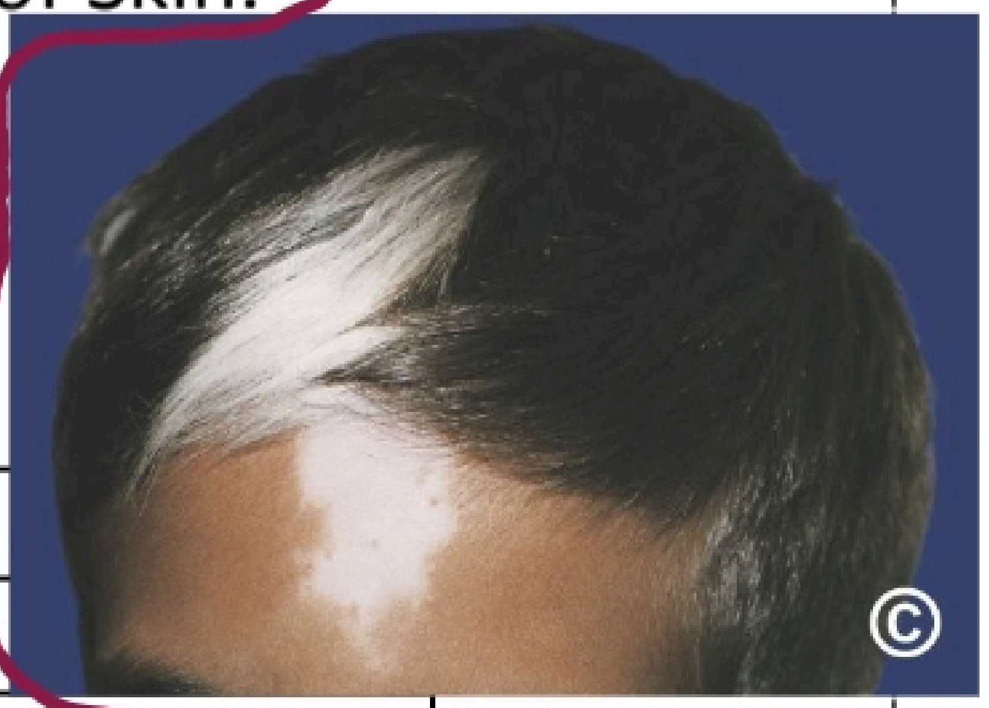
- **Note;**

*__Leukoderma__ →Decrease of Pigmentation leading to White Discoloration of Skin.

Genetic Causes of Leukoderma;

1. Albinism. \ **2.** Phenyl-ketonuria. \ **3.** Tuberus Sclerosis. \ **4.** Piebaldism.

- C/P :- blue eys
- part of the hair & part of the skin are Hypopigmented



مهق ***Albinism***	***Vitiligo***
Congenital Autosomal Recessive.	Acquired.
Decrease of Tyrosinase Enzyme. or absence { Tyrosin -ve alb... / Tyrosin +ve alb... (Non-Functional)	**Unknown** Melanocyte Destruction.
Hypo-Pigmented areas.	De-Pigmented areas.
Affect Skin, CNS. Eyes. { Nystagmus / squenting D:2 photophopia	Affect Skin Only.
C\P: White Hair, Iris (Translucent), Nystagmus, Skin Malignancy	No
Loss of Melanin Pigment.	Loss of Melanocytes.
Generalized.	Local. ← Albinism معاكسة بال

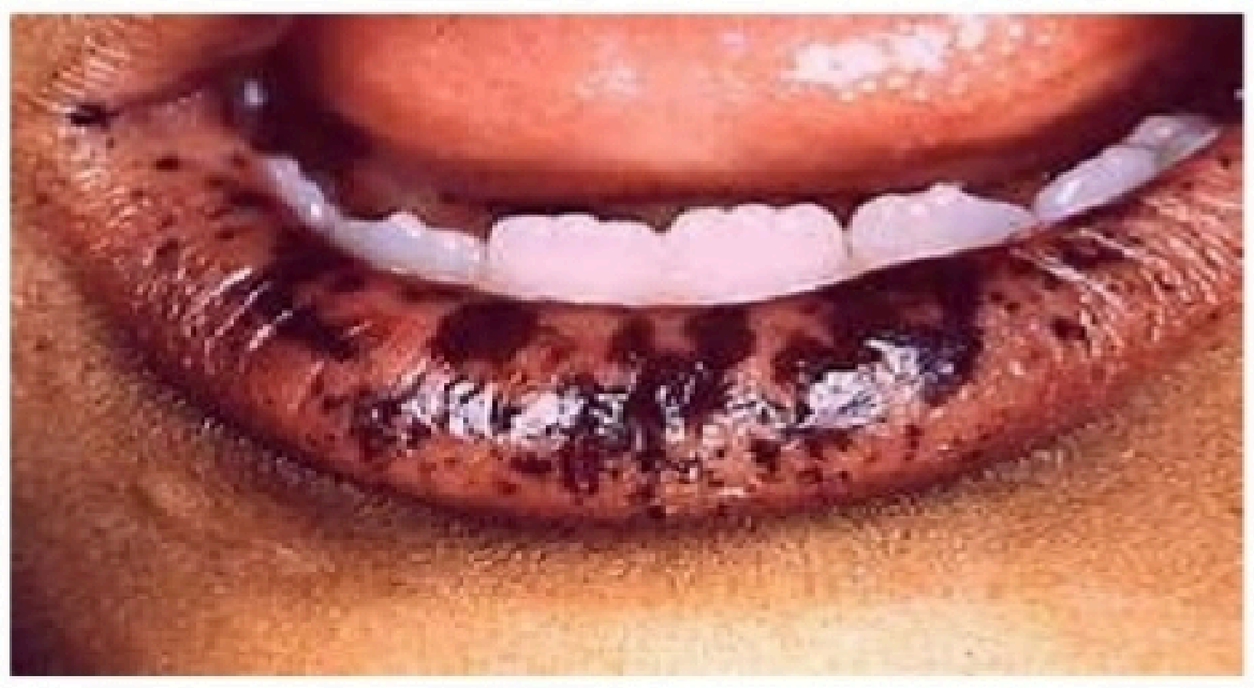
- **Hyper-Pigmented Skin Disorders:**

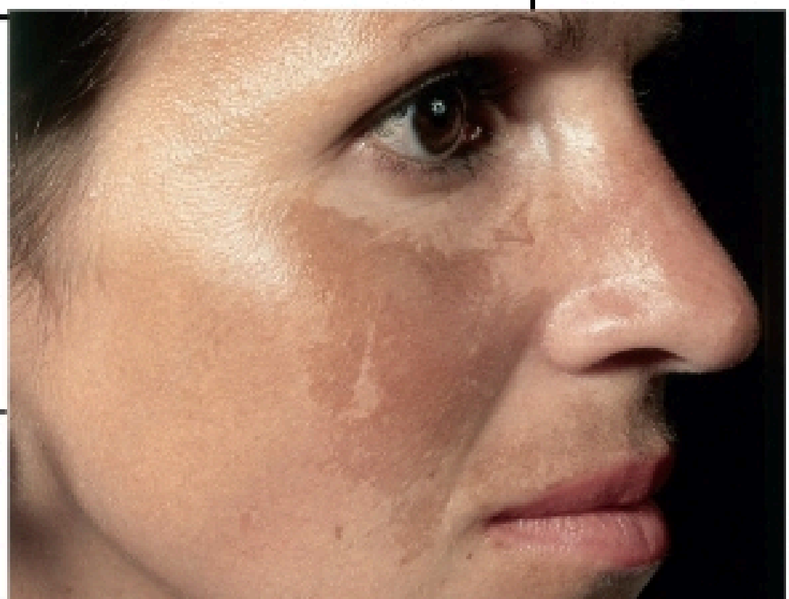
EM

Genetic See Page 27	***Acquired (NSEM)***
Neuro-Fibromatosis.	Post Traumatic.
Freckles.	Post Inflammatory, (Ex; Eczema, Acne, Lichen Planus).
Xero-derma Pigmentosa.	**M**etabolic Diseases, Ex; Porphyria, Kwashiorcor, Pellagra (confined to sun-exposed areas) "Vit B**3** Deficiency".
Peutz-Jeghers Syndrome.	**E**ndocrine Diseases, Ex; Addison, Cushing, Pituitary Tumor.
	Systemic Diseases, Ex; Haemochromatosis, Primary Biliary Cirrhosis, CRF, pheochromocytoma, Carcinoid S
	Neoplasia, Ex; Malignant Melanoma, naevi, Pigmented Basal Cell Carcinoma.
	Others, Ex; Chloasma, Sun Ray.

Peutz–Jeghers syndrome

multiple brown hyperpigmented macules on the lips





Melosma ♀ → Associated ē { pregnancy / ovarian carcinoma / use of OCP

→ May be Idiopathic

Sites:- cheeks, forhead, nose upper lip & chin

Lesions :- Well demarcated hyperpigmented macules or patches

Erythema margenatum:-(Rheumatic fever)/ palmar erythema:-(Pregnancy Liver chirrhosis, D.M, Hyperthyrodism)/ Erythema AB Igne:- Hypothyrodism

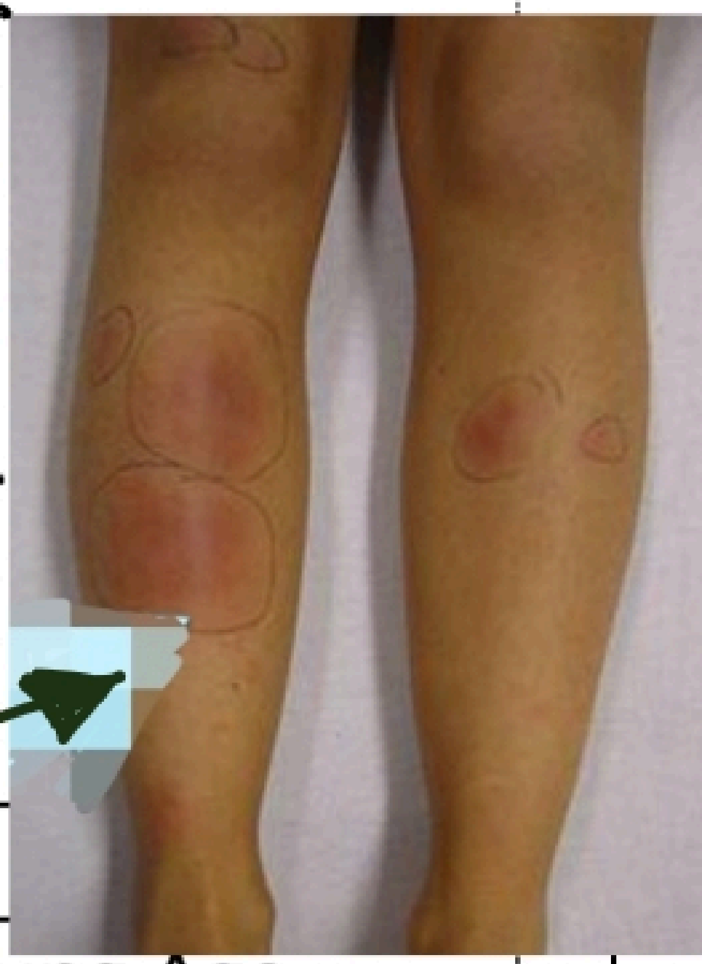
Erythema AB AP:-(chronic Pancreatitis ptn) (sever epigastric pain)

Erythema

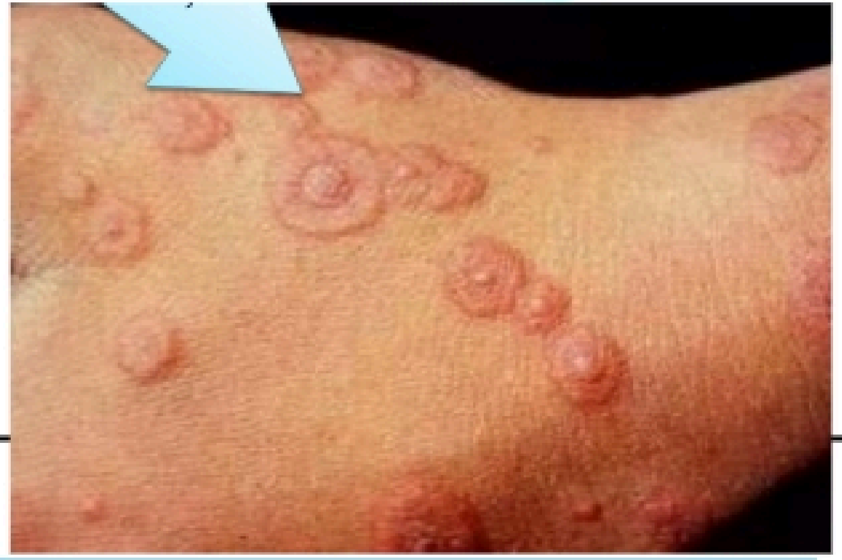
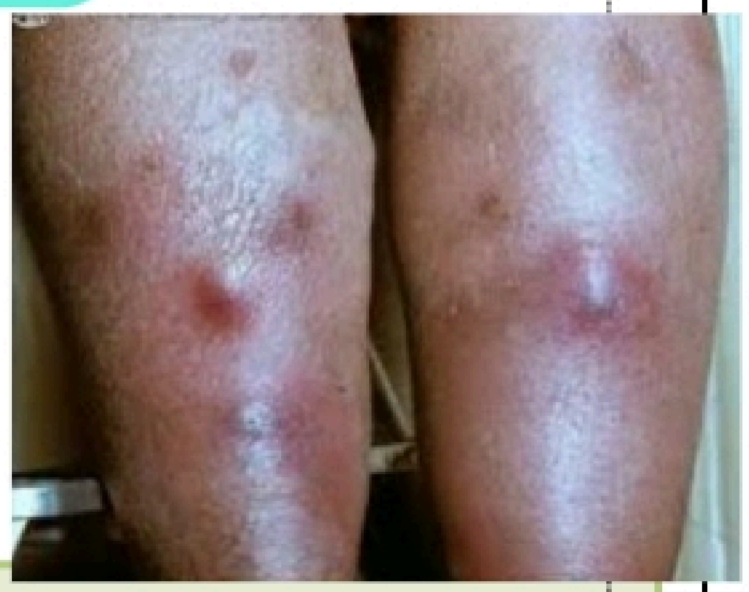
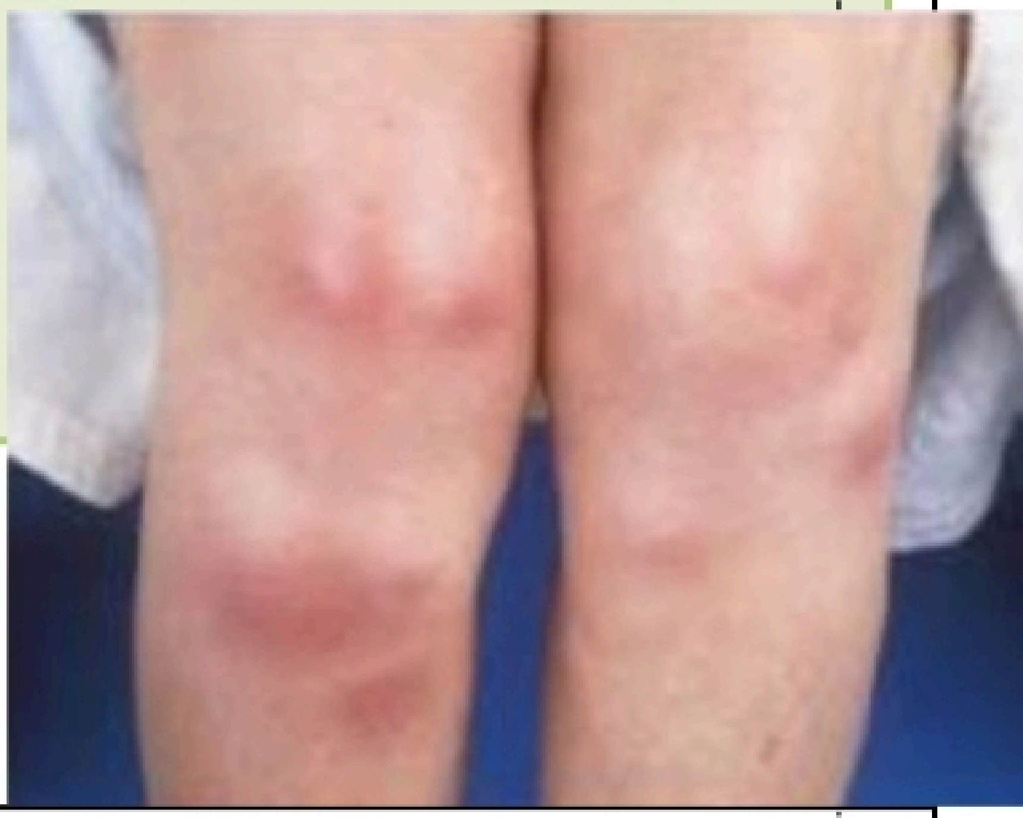
Erythema is a Temporary Redness May be accompanied with Weakness, Sweating, Pruritis, and Headache. ← Acute self-limiting inflammatory condition affects the skin & rarly the mucous memb...

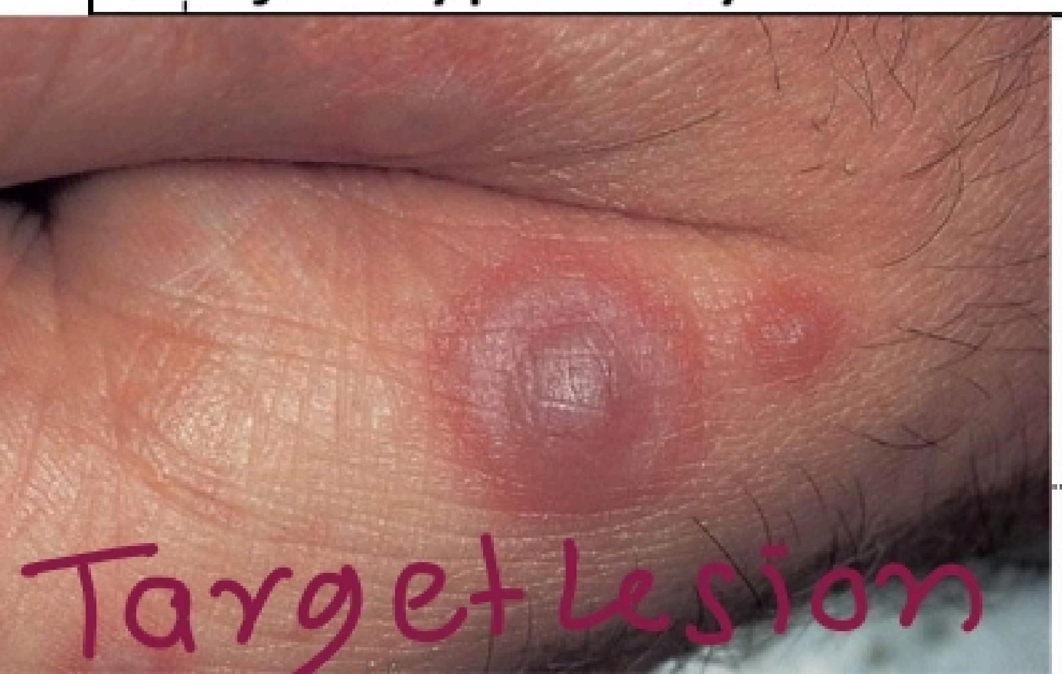
- **Types of Erythema**:

1- Erythema Nodosum. **2-** Erythema Multiform. **3-** Erythema Induratum.
4- Sweet Syndrome (Acute Febrile Neutrophilic Dermatosis) . **5-** Erythema Annulare Centrifugium (EAC). **7-** Palmo-Planter Erythema. **6-** Erythema Infectiosum (Fifth Disease).



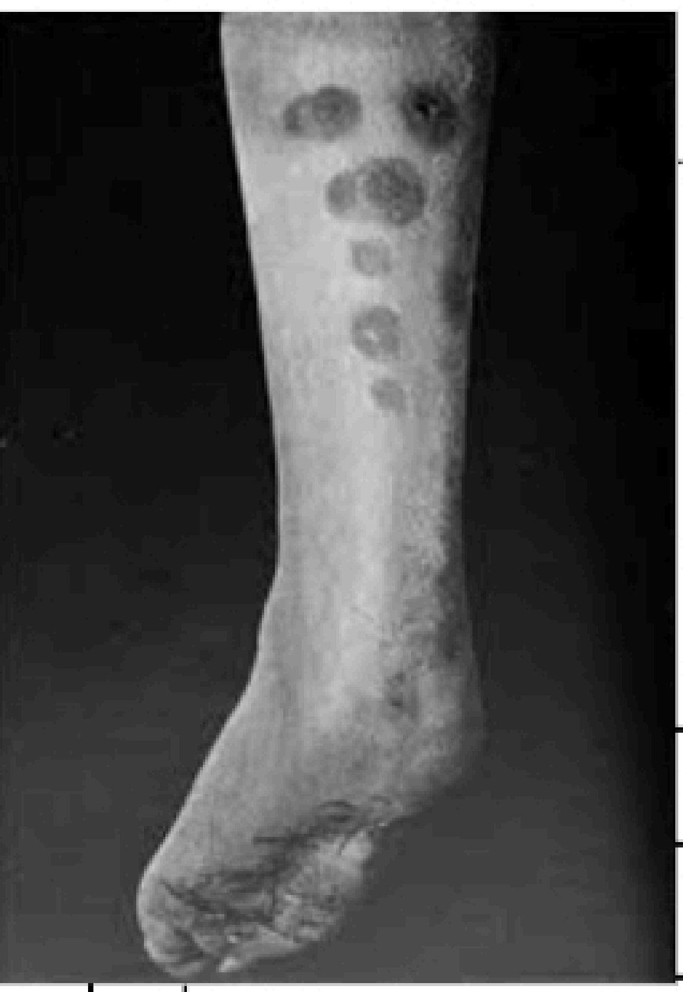
Erythema Multiform .VS. Erythema Nodosum:

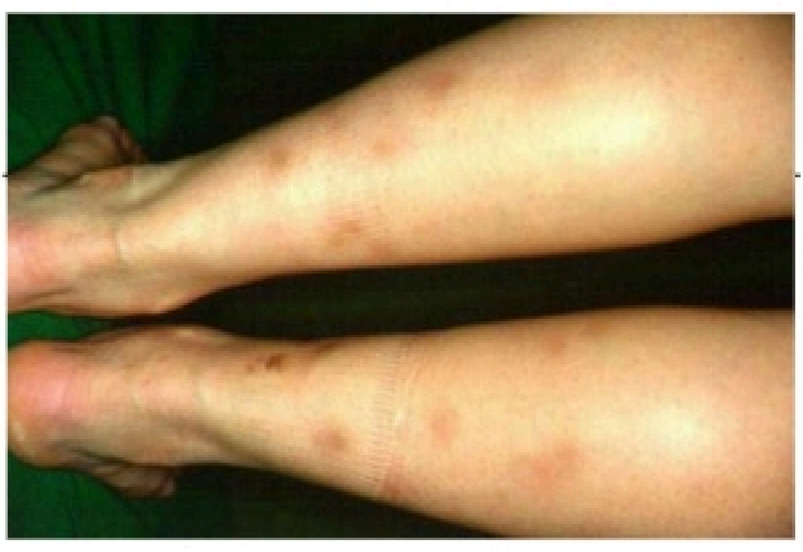
<table>
<tr><th>Erythema Multiform</th><th>Erythema Nodosum</th></tr>
<tr><td>Common affect Male & Female young, Middle Age (20-40).</td><td>Common affect Female Adolescent & Young Age.</td></tr>
<tr><td>It has Poly ~~Athiology~~ Etiology (Many Causes):
1. Infection:
-Viral; Herpes Simplex Virus (Most Common), Hepatitis B Virus, HIV, Measles, Mumps.
-Fungal; Histoplasmosis.
-Bacterial; Mycoplasma. pneumoniae
2. Drugs; OCP, Sulphonamides, Penicillin, Barbiturates.
3. Disease; SLE, Poly-arthritis Nodosa.
4. Pregnancy.
5. Malignancy.
6. Idiopathic.
=multiform
</td><td>It has Poly Athiology (Many Causes):
1. Infection Group A β-H
-Bacterial; Streptococci (Most Common), TB, Mycoplasma, Salmonella, Shigella.
-Fungal; Histoplasmosis.
-Protozoal; Toxoplasmosis.
2. Drugs; OCP, Sulphonamides, Gold.
3. Disease; Sarcoidosis, Crhons Disease, Bahcet Disease.
4. Pregnancy.
5. Malignancy.
6. Idiopathic.</td></tr>
<tr><td>Clinically: Two Types:
<table>
<tr><th>Minor Type (Mild form)</th><th>Major Type (Sever form)</th></tr>
<tr><td>Bilateral Symmetrical Red Macule, Papule, Vesicle, Bullae with Target Lesion. multiform
الصفة المشتركة</td><td>Generalized Macules, Papules, Bullae + Very ill Toxic Fever, Malaise.
Mucous Membrane is involved known as; (Steven Johns Syndrome)</td></tr>
<tr><td>Affect Hand, Palm, Feet, Forearm, Legs.</td><td>Affect lips, Mouth, Cornea, Conjunctiva, Genitalia. organs of 2</td></tr>
<tr><td>Has No Complication
-D.2 no involvement of Mucous membrane.</td><td>Complicated with; Pneumonia Blindness, Renal & Liver Failure.</td></tr>
<tr><td>It is Self Limited (2-4 Weeks) but can Treated with; Local Steroids</td><td>Need Admission, Correct Fluid + Systemic Steroids & Anti-Biotic.</td></tr>
</table></td><td>Clinically:
Firm, Tender, Bilateral, Nodules on Shine of Legs with Blurred border. Ant Aspect of L.Limb
No Ulcer But Hyper-Pigmentation.

Investigation of Erythema Nodosum:
-CBC; WBC Elevated.
-ESR; High.
-Throat Swab; ASO Titer. streptococci
-Chest X Ray.
-Tuberculin Test. to exclude T.B
بتكون ال lesion on the Lal. surface of L.Limb.
</td></tr>
<tr><td>Treatment: According to Type: Minor→ Topical Steroid
Major Type→ Systemic Steroid + Systemic Anti-Biotic.</td><td>Treatment: Bed Rest & Elevation of Legs
Cold Compression & NSAID (Indomethacin, Ibuprofen).</td></tr>
</table>

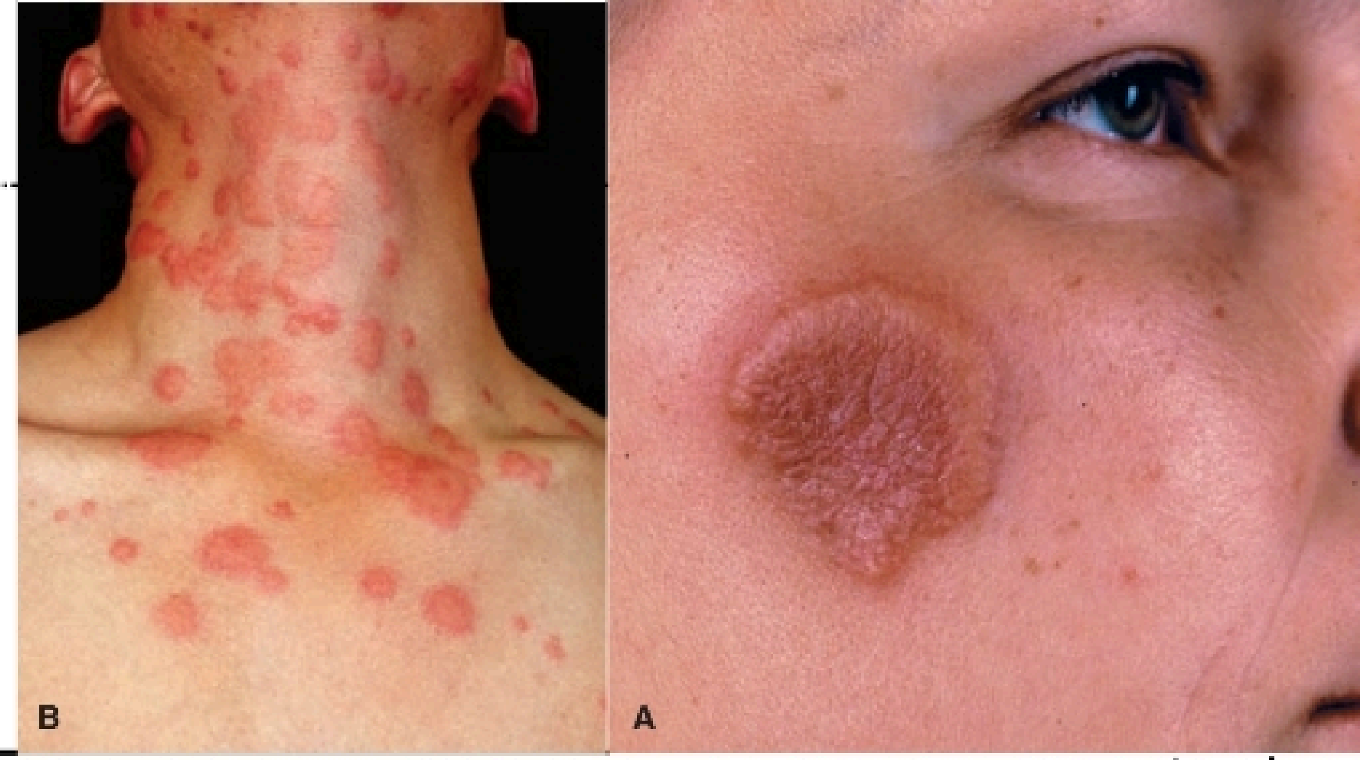


Target Lesion

DR. MOHCEN AL HAJ







*Erythema Induratum .VS. Sweet's Syndrome:

Erythema Induratum	*Sweet's Syndrome*
Affect Female Middle Age.	Common in Female More than **30** Years Old (**F>M**).
Athiology: Uni-Athiology due to Hypersensitivity Associated with TB (***50%*** Post History of Pulmonary ***TB***).	**Athiology:** Hypersensitivity Reaction Type III. (May Associated with Malignancy).
Course: Chronic Recurrent.	**Course:** More than ***2*** Months.
Clinically: Tender, Erythematous, Nodule on Lower Leg from Behind ≠ Nodosum Heals with Scar & ***Ulcer***.	**Clinically:** Dark Red, Slowly growing, Painful, Papule with Colored Scales on Lower Limbs Back & Neck.
Investigation: ESR+CBC→ Elevated WBC, Chest X Ray + Skin Biopsy + PCR.	**Investigation:** ESR+CBC→ Elevated WBC Mainly Neutrophils.
Treatment: Bed Rest + Systemic Steroid for **2** Weeks. Anti TB for **9** Months.	**Treatment:** Topical→ Gucocorticoids Cream, Zink Lotion. Systemic→ Prednisolone.

**Erythema Annulare Centrifugum* (EAC):

Disease of Unknown Athiology, Common in Middle Age, Equal in Male & Female.

- Clinical picture:

Asymmetrical Elevation of Urticaria, Centrally Hyper-Pigmented with Arched Rings on Trunk, Limbs, Gluteal Region + Itching.

- Treatment:

1. Anti Histamine → For Itching.

2. Anti Inflammatory → Steroid.

**Palmo-Planter Erythema* (PPE):

Occurs in Thener & Hypothener of the Hands.

- Athiology:

1. Chronic Liver Disease.

2. Chronic Poly-arthritis.

3. DM.

4. Hyperthyroidism.

Eczema (Dermatitis)

Eczema is a Reaction pattern of Inflammatory Response of the Skin, Characterized by;

-**Acute Stage:** Characterized by→ Swelling, Erythema, Oozing, Vesiculation.

→ مايجفتش ال Exudate

-**Subacute Stage**: Characterized by → Crusting.

-**Chronic Stage:** Characterized by → Hyper-Pigmentation, Scaling, Lichnefication.

Lichnefication is Characterized by; Thickening, Scaling, Hyper-Pigmentation, Excoriation of Skin Mark→ Leading to Painful Fissure.

-Classification of Eczema (Dermatitis) According to Cause:

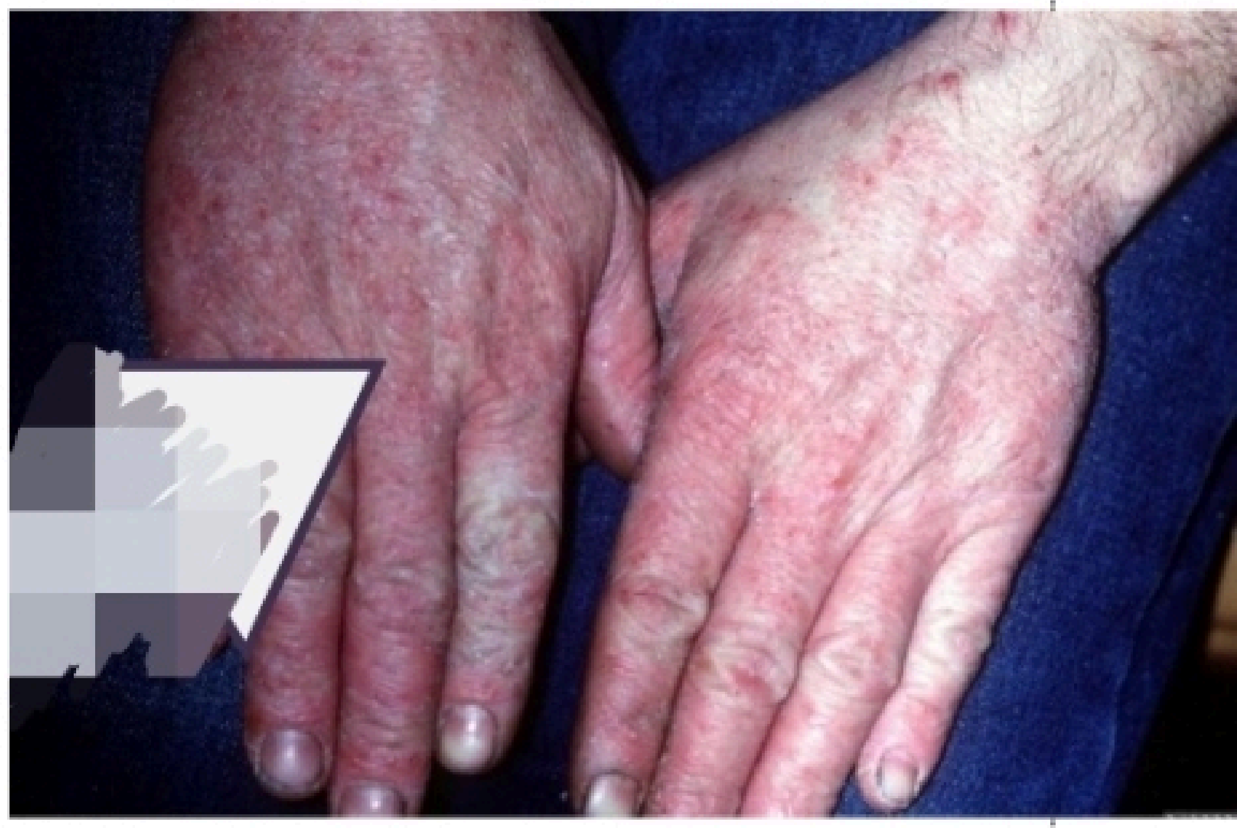
1- ***Exogenous Eczema* (Dermatitis):**

- → Primary Irritant Dermatitis. - Contact irritant dermatitis"
- → Contact Allergic Dermatitis.
- → Photo-Dermatitis.

يصير من ال 1st exposure

2- ***Endogenous Eczema* (Dermatitis):**

- → Atopic Dermatitis.
- → Seborrhoeic Dermatitis.
- → Discoid (Annular) Eczema.
- → Stasis Dermatitis (Venous Ulcer).
- → Asteatotic Dermatitis (Eczema Craquele).
- → Pompholyx.
- → Neuro Dermatitis (Lichen Simplex Chronicus).



Exogenous Dermatitis

① Primary Irritant Dermatitis: ← يصيب الناس كلها لكن بنسب متفاوتة

This Type Occurs Due to First Exposure.

According to the Irritant There are Two Types;

- Mild Irritant→to Occur need long Contact, (House Wife Dermatitis, Napkin Dermatitis).

- Sever Irritant→as Secondary Degree of Burns (Strong Acid & alkali, Corrosives).

It is Not Allergic Reaction; Because There is **No** Memory Cells.

-Treatment: Remove Irritant, Emollients (For Scales), Local Steroid (For inflammation), Anti Histamine (For Itching), and May be Anti-Biotic (For Secondary Bacterial Infection).

② Allergic Contact Dermatitis: ← يصير لبعض الناس فقط

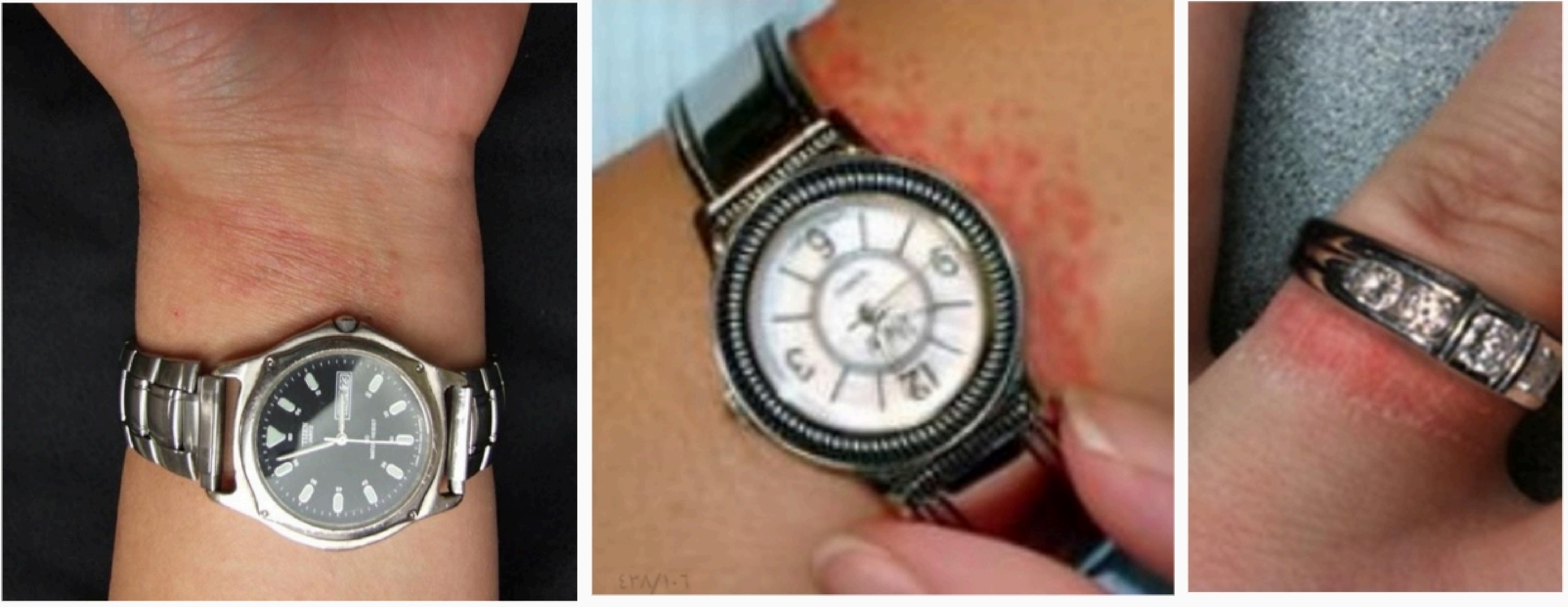
It is caused by Exposure to External Contact Allergens (Type4 Hypersensitivity Reaction). Usually **No** Reaction in First Exposure to Allergy, But **Repeated** Exposure lead to Eczematous Reaction by Memory Cells, Commonly Caused by→ **Nickel**, Rubber, Copper.

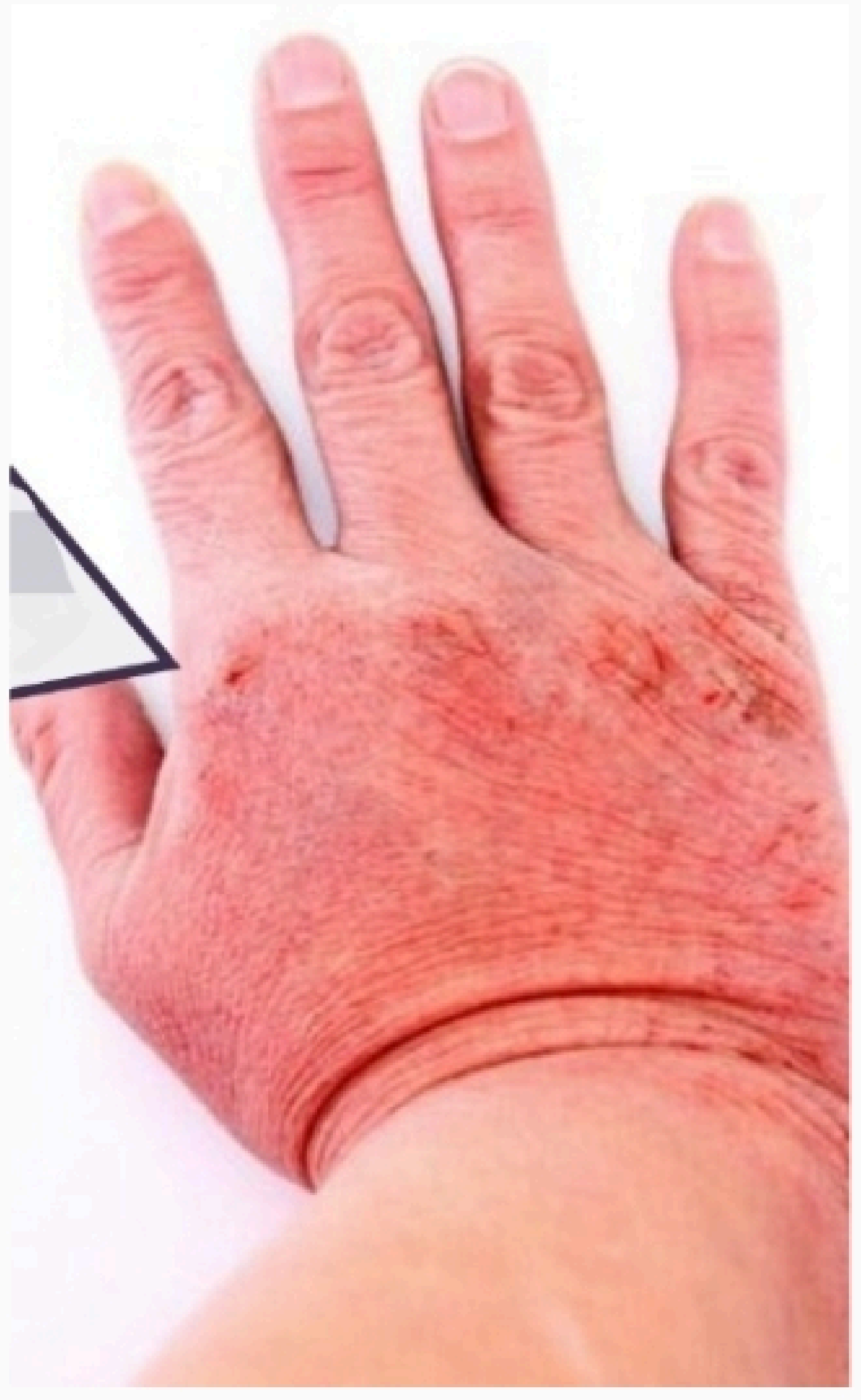
نفرق بينهم:
- Hx
- Patch test

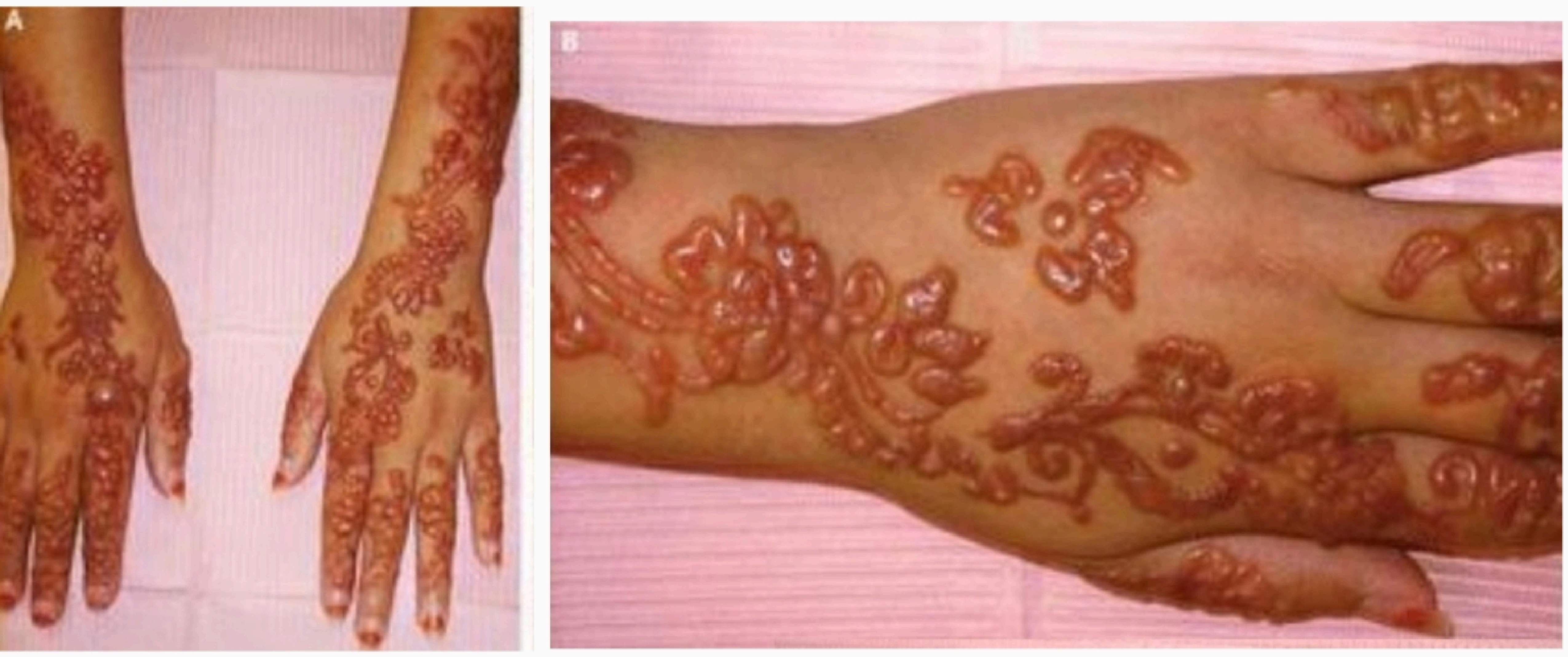
1st **Exposure→ T** Lymphocyte Produce Memory cell .. **2nd** Exposure Memory cell Enhance Release Histamine→VD→Inflammation

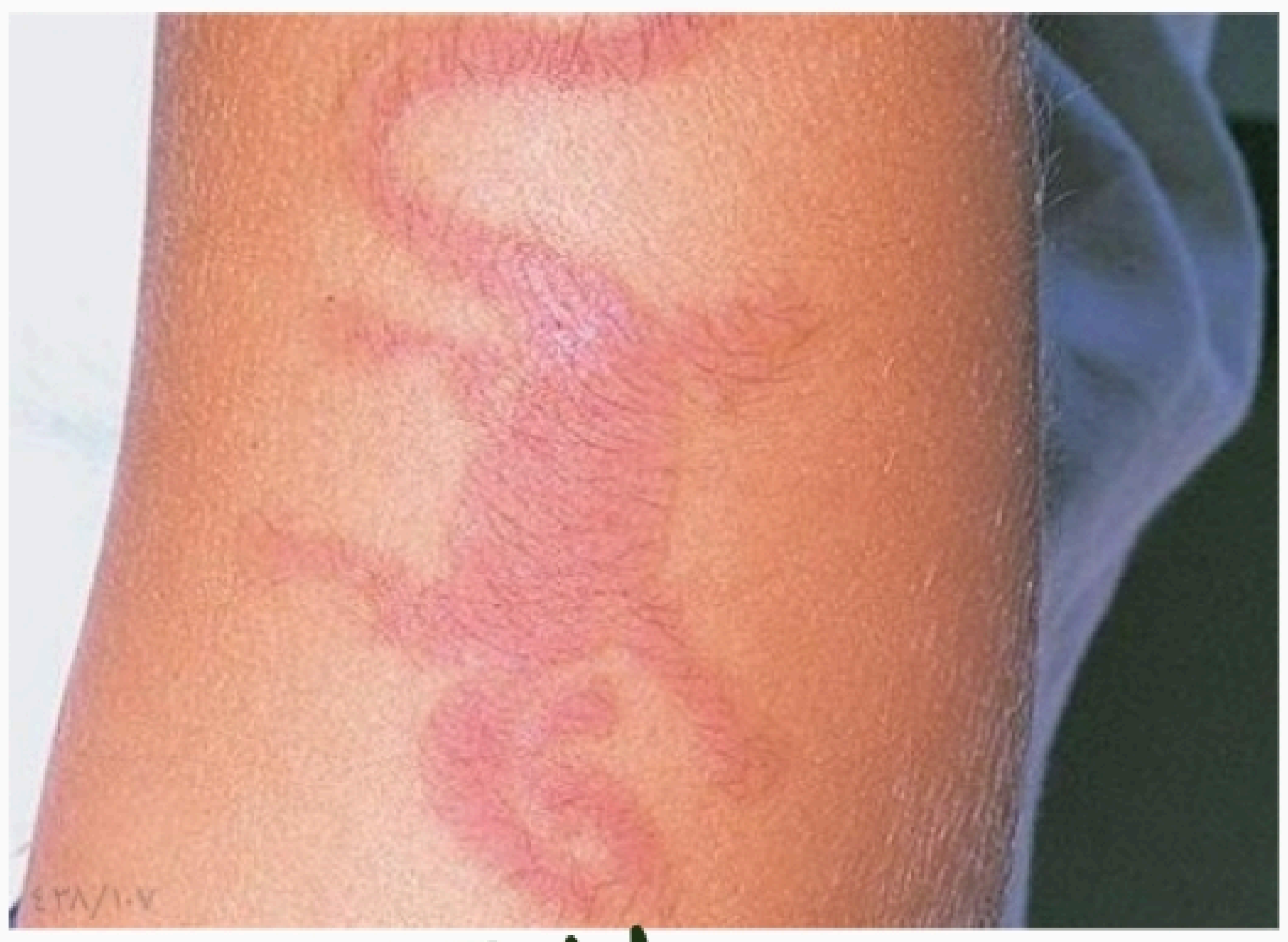
Dx→Patch Test To Differentiate Between Exogens & Endogens | **Tx**→Avoid Allergens + Local Steroid (For Inflammation).

→ Irritant & Allergic



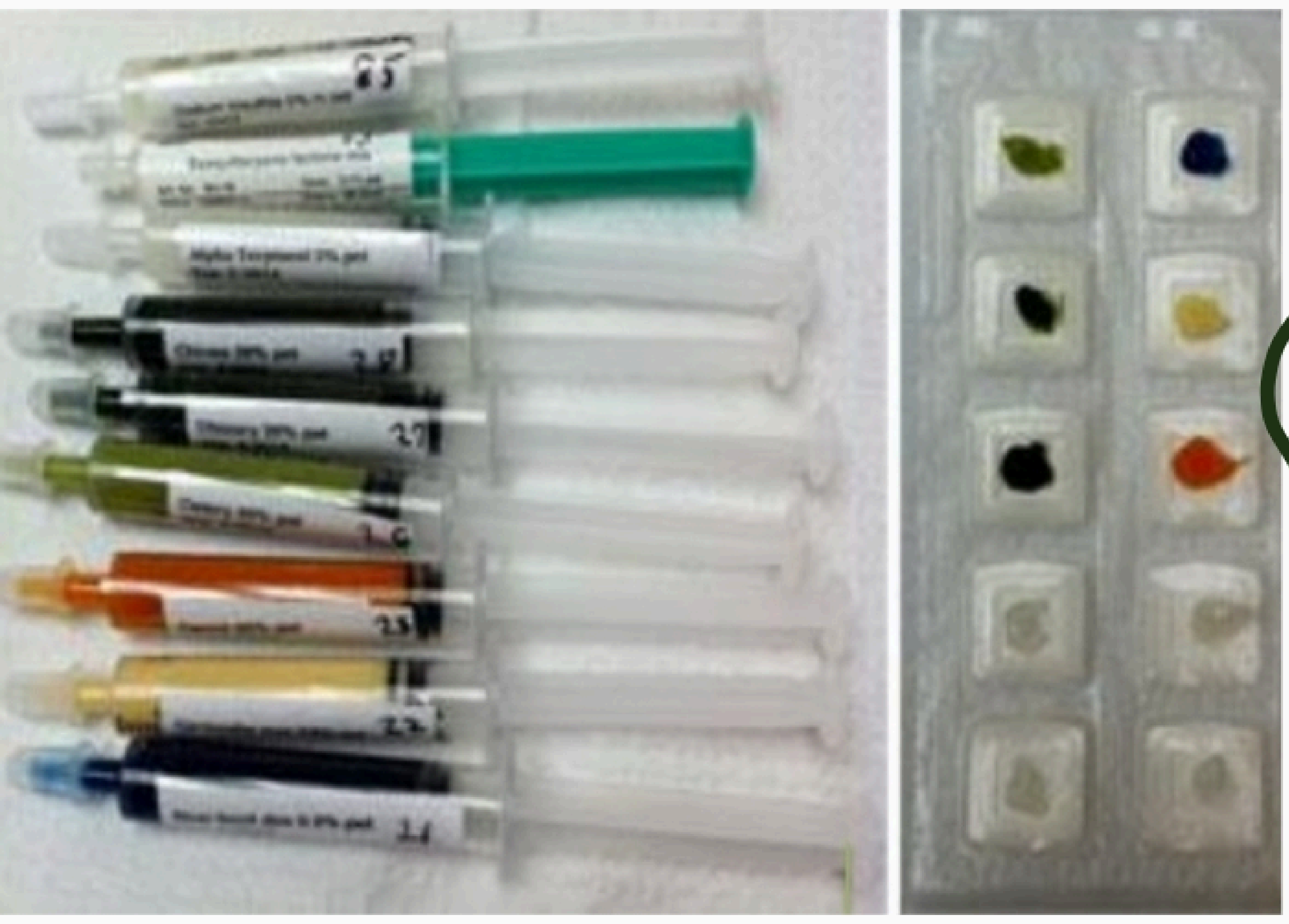




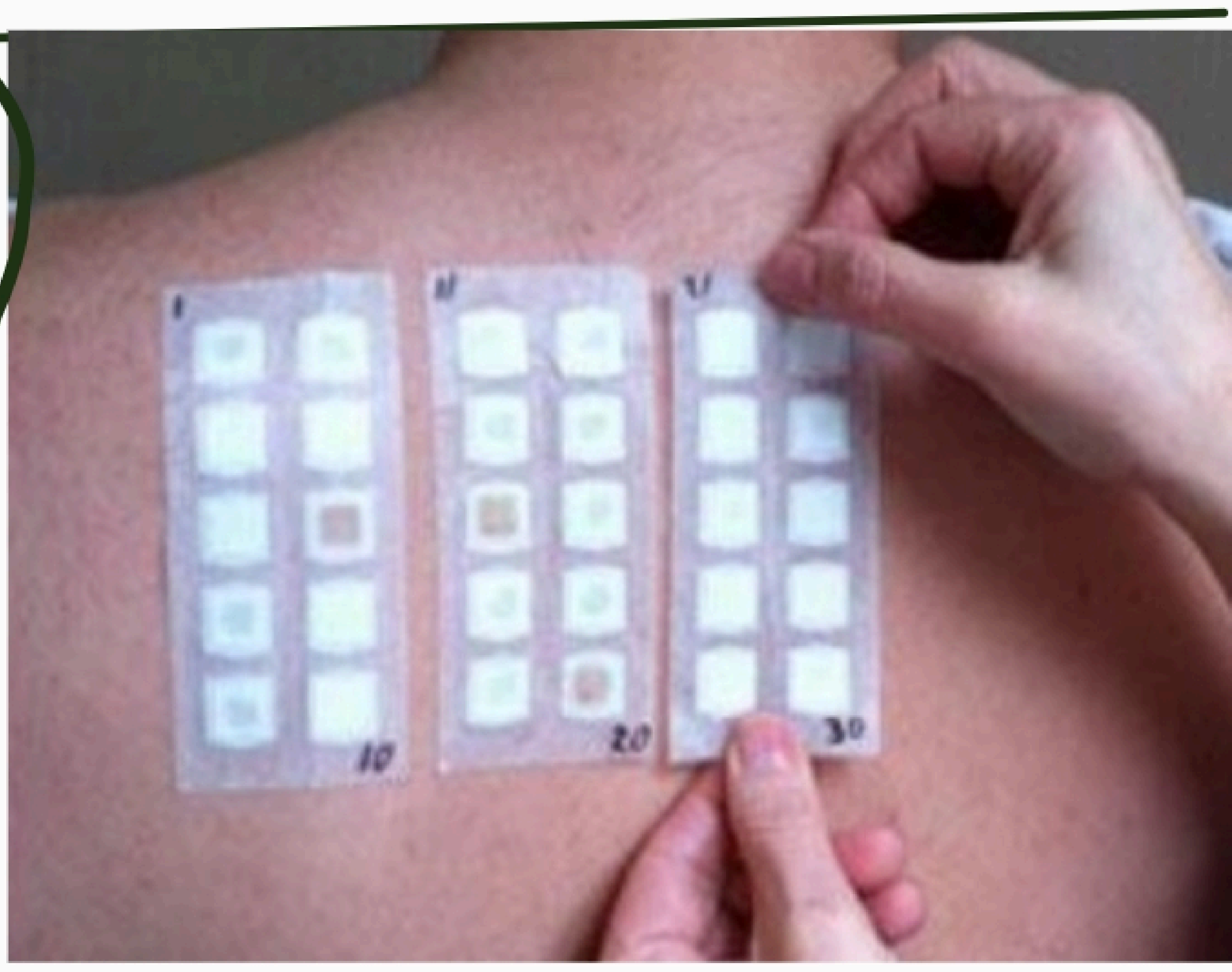


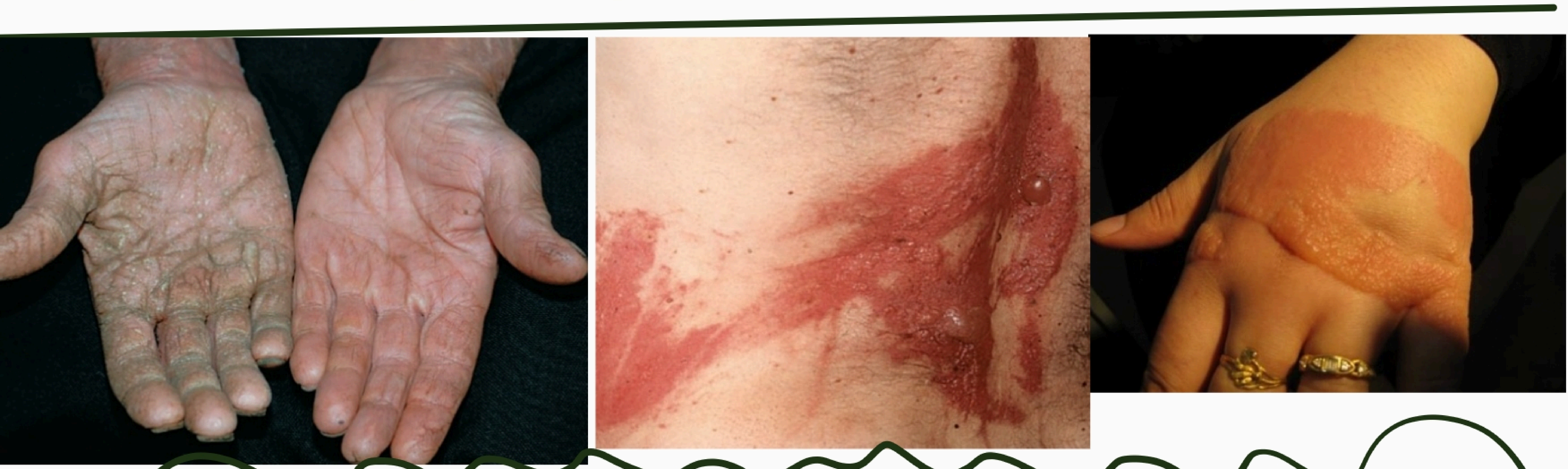
Tattoo

Allergic Contact dermatitis



Patch Test





Contact irritant Dermatitis

- Treatment of All types of Dermatitis :-

4 Anti
- Anti-inflammatory :- Steroids
- Anti-Histamin :- for Itching
- Anti-Dryness :- Emolecent.
- Antibiotics :- to prevent 2ry bacterial infection

Avoid Predesposing Factor

-إستعمال الصوابين والشامبوهات الي فيهم نسبة مرطبان عالية
"-Ganson - Dove-"

- لبس الملابس القطنية // مش الملابس المصنوعة من النيلون"
لانها ناعمة على.

Endogenous Dermatitis

1- Atopic Dermatitis:

It is a Pruritic Disease that start in Early Infancy & associated with other Atopic Diseases (Asthma, Allergic Rhinitis, Allergic Conjunctivitis), sinusitis

- **Athiology** is Unknown, But There are a Positive ***Family History*** in Patient with ***Atopy***.

-In **85%** of Cases of Atopic Dermatitis Occurs In **First** year of life,

-In **95%** Cases of Atopic Dermatitis Occurs Before age of **5** Years.

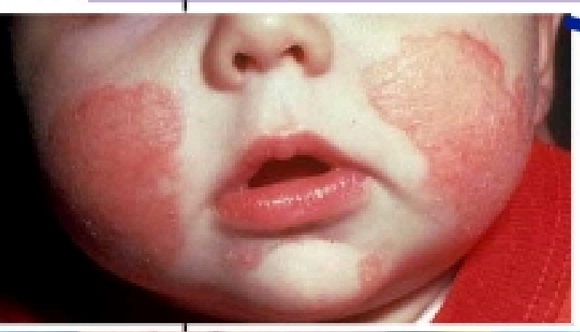
- Clinically Presented with:

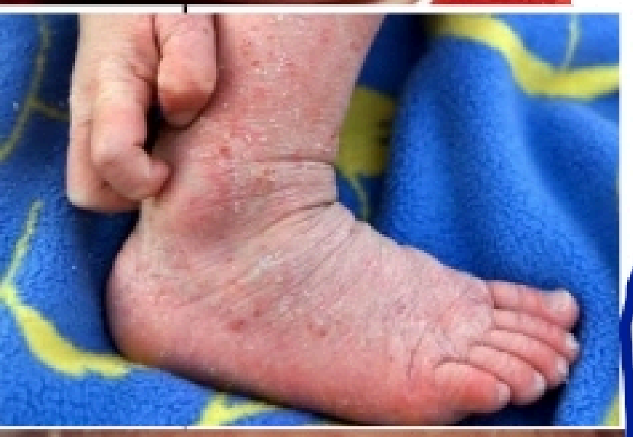
-Xeosis (Dryness), Lichenification, Chronic Pruritis.

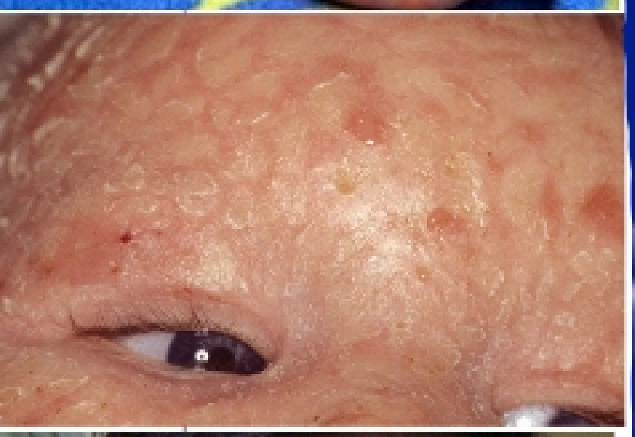
-Low Cell Mediated Immunity→ More Risk for Bacterial & Viral Infection.

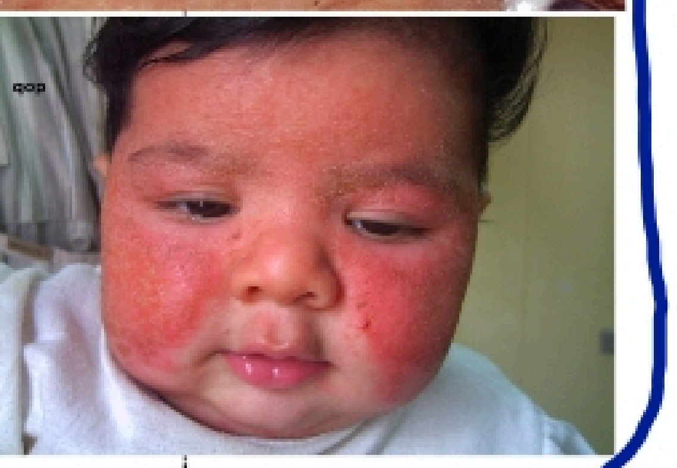
-Slow Chemotactic of Neutrophils→ More Risk to Get Bacterial Infection.

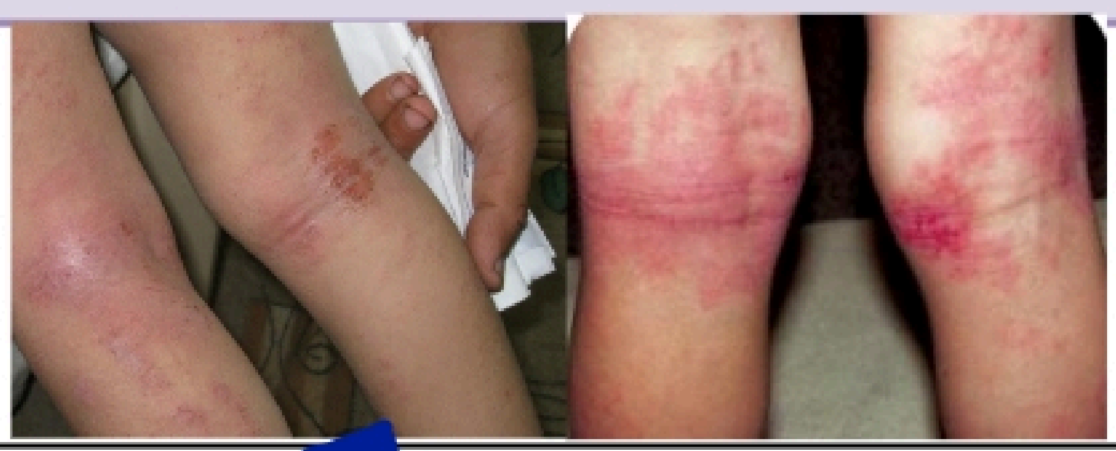
In Atopic Pt→Increase **IgE**→Decrease Cell-Mediated Immunity→Slow Chemtaxis of Neutrophils→More Susceptible to Infection→Dry Skin Due to Decrease of Sebaceous & Sweat Glands→Chronic Pruritis Due to Low Itching Threshold.

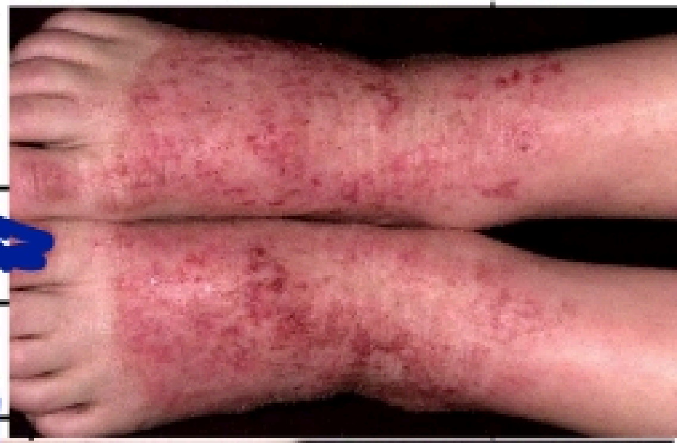


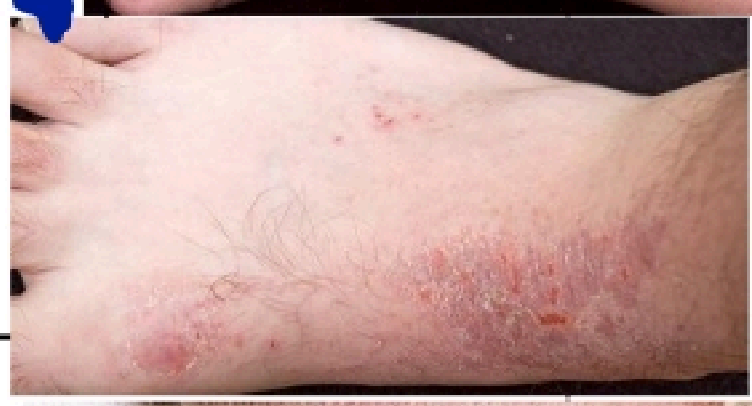


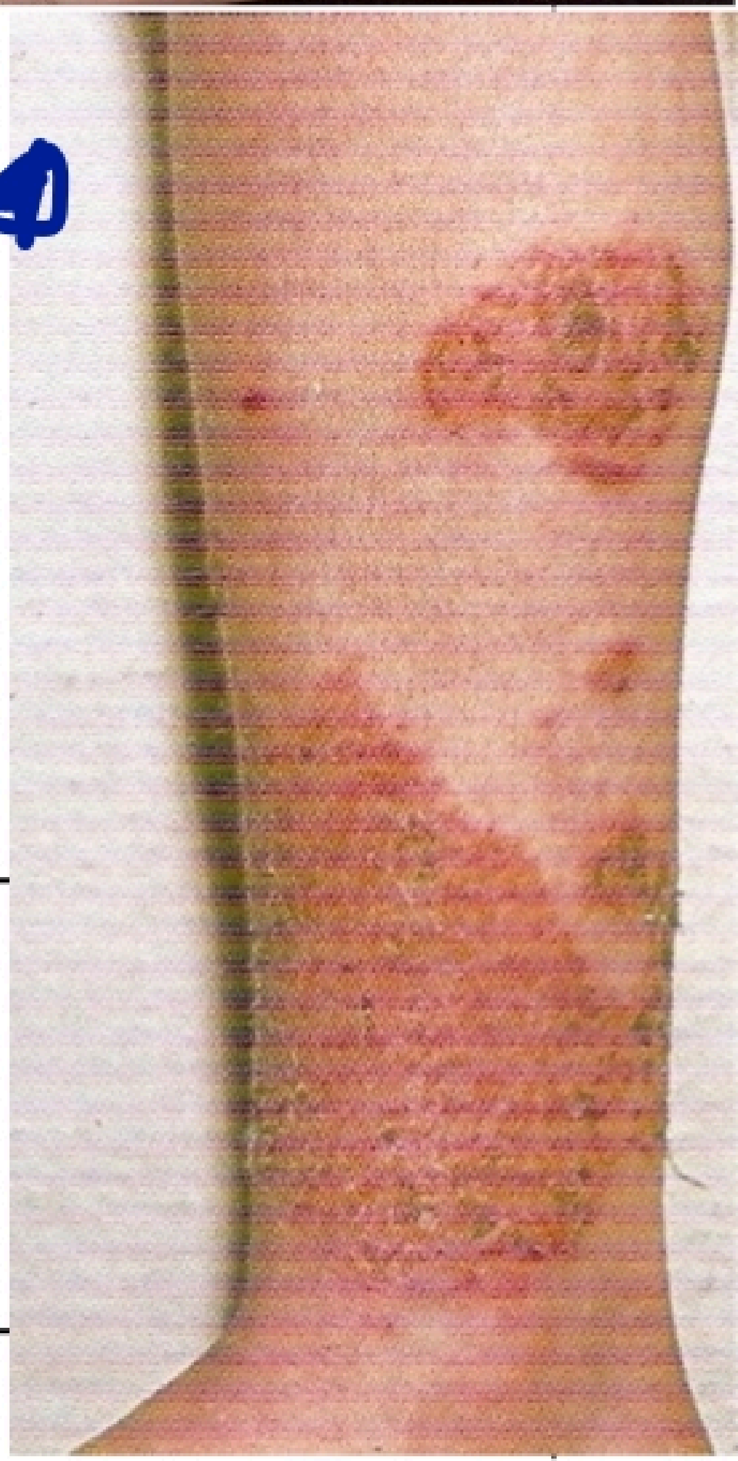












- Types of Atopic Dermatitis According to Age:

	Infantile Dermatitis	*Childhood Dermatitis*	*Adult Dermatitis*
Age	**2** Months – **2** Years Old	**2** Years – **12** Years old	More Than **12** Years
Site	Symmetrical Both Checks of Face, Scalp & Extensor Surface.	Common in Flexor Surface as; Popletial Fossa, Cubital Fossa, Under Wrist.	Any Where, Scaly Erythematous Lesion with Crust.

Any Patient With Atopic Dermatitis & Herpes Simplex Infection is an Emergency Condition Needs Acyclovir Infusion. (This Condition Known as; Eczema Herpaticum).

- Diagnosis of Atopic Dermatitis: "clinically"

Atopic Dermatitis Diagnosed by **Triad**;→ History + Examination + Investigation.

– **History:** Age, Site, Itching, Family History of Atopy (Asthma, Conjunctivitis, Rhinitis).

– **Examination:** By Atopic Criteria:-

"Ichthyosis negricans"

Atopic Criteria:

1.Loss of Outer 1\3 of Eye Brows. **2.**Thickening of Lower Eye Lid. **3.**Extra Fold around Eye (Demorgan Sign). **4.**Dirty Neck Sign. **5.**Waisting of Thener & Hypothener Muscles. **6.**Palmar Creases More Visible (Thick). **7.**Lichnification & Scratch Marks.

– **investigation:** CBC → High WBC, Mainly Esinophils + Blood → High **IgE**.

Complication of Atopic Dermatitis:	*Treatment of topic Dermatitis:*
1. Secondary Bacterial infection.	**1.** Emollient Ex; Vaseline (For Skin Dryness).
2. Secondary Viral infection	**2.** Local or Systemic Steroid (For Inflammation).
3. Dry Skin.	**3. Anti Histamine (For Itching).**
4. Erythroderma Exfoliative.	**4. Topical or Systemic Anti-Biotic (For Infection).**

D.2 ↓ immunity Because ↓ Delayed Chemotactic "10 hours" "Normally = 2hours"

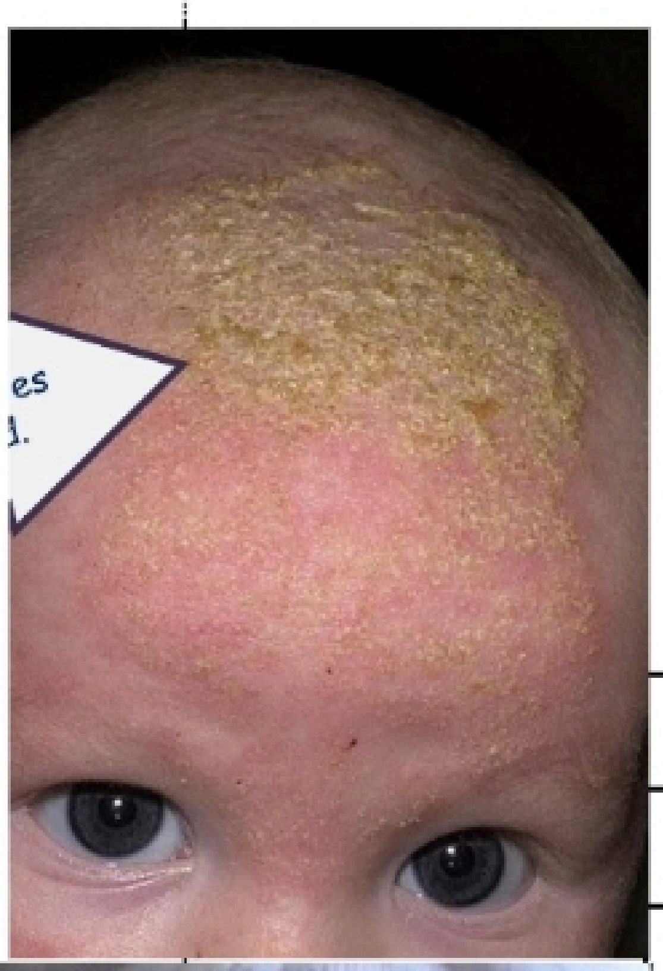
4. Anti

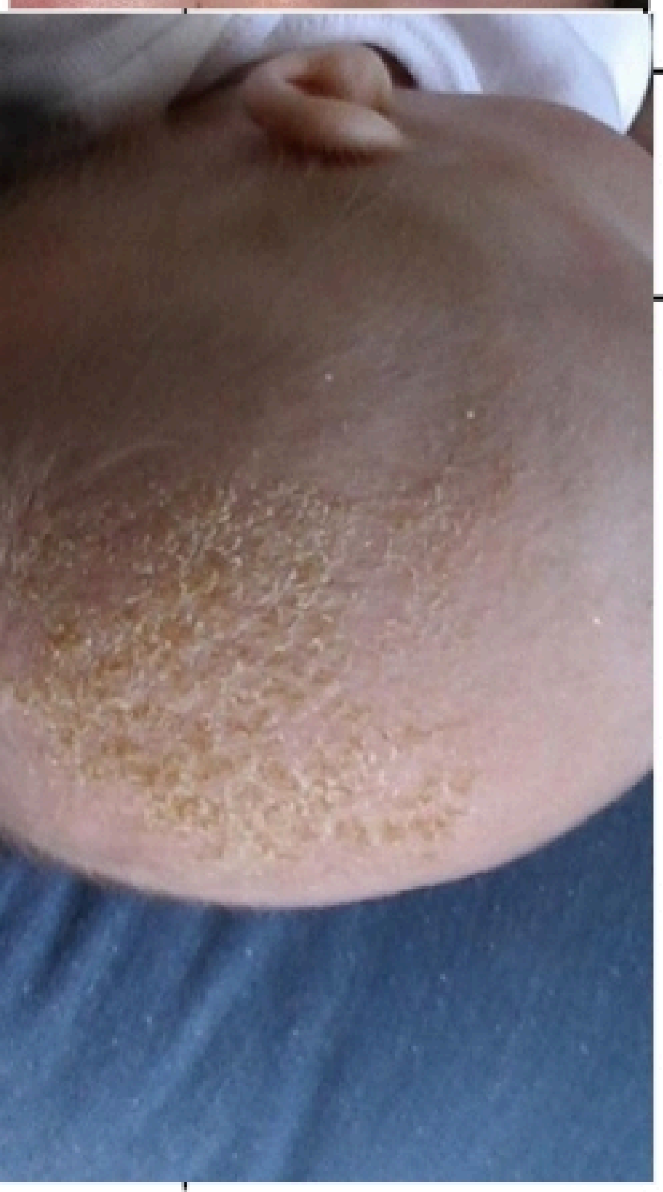
+ Avoid predesposing factor" we do Skin prick test :- to identify the predesposing factor"

"القشرة الـمصفراء"

2- Seborrhoiec Dermatitis:

any site ē hair follicle especially
scalp
eye brow
Mostash, bird
الأماكن الي منهم شعر كثيف





It is Occurs in Sites of Sebaceoous Glands in All Body **Except**; Palms, Soles, Lips.

More Common in Males (**20-50** Years), Due to Androgen Control, (Can affect Infant).

- **Predisposing Factors:** Change in Humidity, Seasonal Variation, and Emotional Stress, Also Related to Normal Skin Flora Lives in Hair Follicles Called→ **Pityrosporum Ovale**.

- **Type of Seborrhoiec Dermatitis According to Age:** "children has no androgen

	Infantile	***Adult (Relapsing & Remission)***
	Androgen From Mother ← disappears after 2 year	Androgen Dependent
Site	Scalp, Eye Brows, Napkin.	Scalp, Eye Brows, Behind Ear.
Clinical Picture	Large Yellowish Scales,	Diffuse Yellowish Scales, No itching, Worse in ***AIDS*** and ***Parkinson*** Disease.

- **Diagnosis of Seborrhoiec Dermatitis:** → Clinically

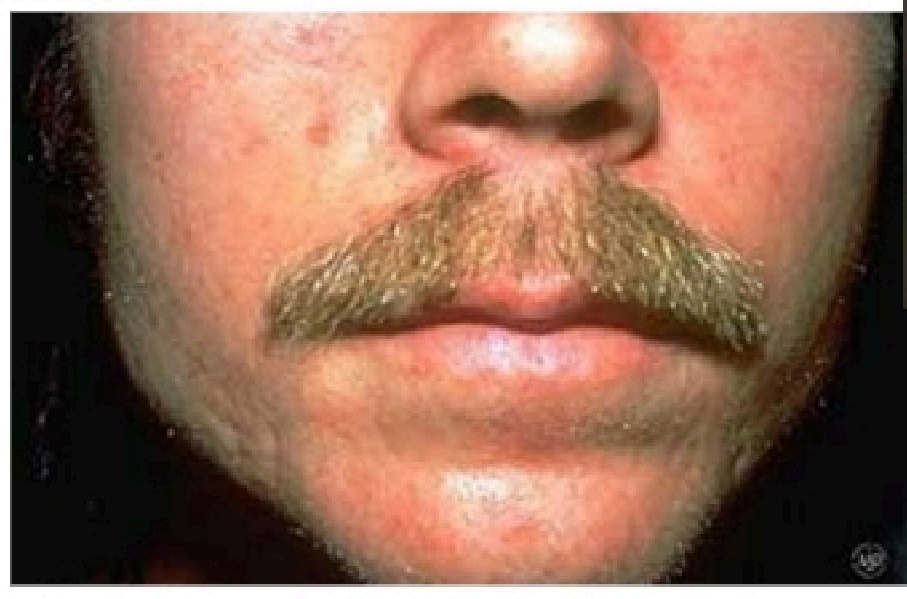
Greasy Yellow Scales in Scalp + ***Negative*** Family History

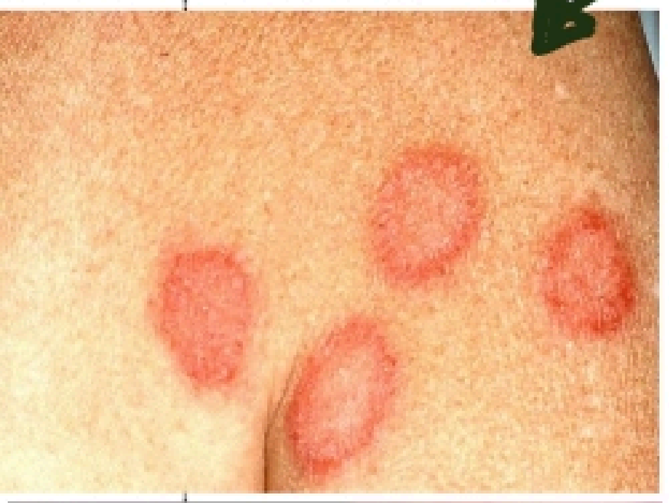
- **Treatment of Seborrhoeic Dermatitis:** → It is Self Limited Disease

. Topical Steroid (Anti-Inflammatory).

. Topical Anti-Fungal Cream or Shampoo.

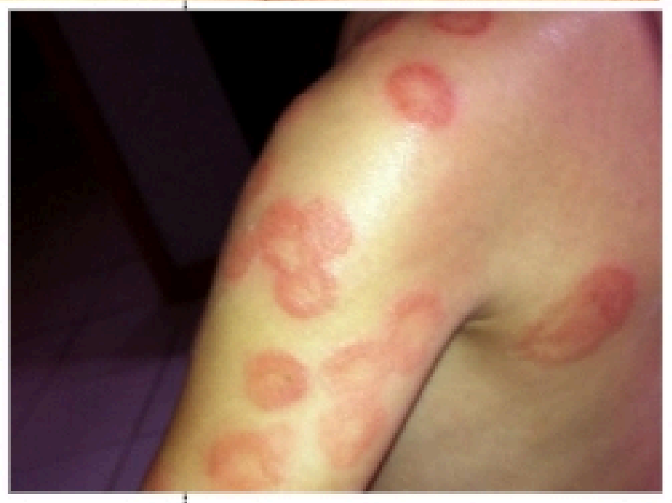
. For Scalp → Ketocoazol + Steroids Lotion or Gel.





3- Descoid Eczema (Nummular Dermatitis):

It is a Chronic Relapsing Eczema, Presented with Scattered ***Coin Like***, Mainly in Extensor Surface of the Lower Limb & Dorsum of the Hand (Affect Children & Adult Equally).

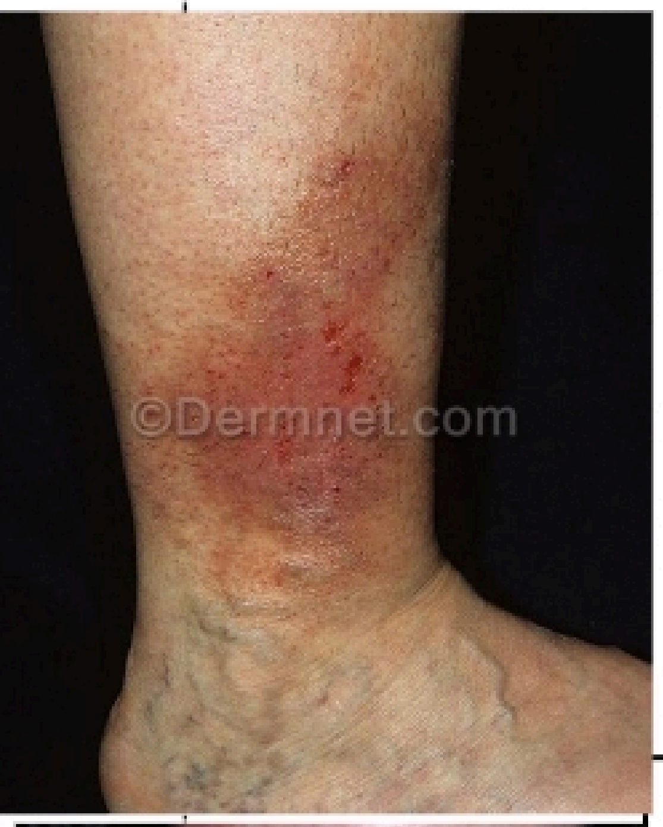


- **Clinically Presented with:**

Well Defined Plaque on Erythematous base with Yellow Crust & Tiny Vesicle Symmetrical as Mirror Image.

- **Treatment of Discoid Eczema:**

Topical Steroid + Anti-Biotic as a Combination, Ex; ***Fucicort***. (PUVA Used in Sever Cases).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4- Stasis Eczema (Gravitational Dermatitis): "Irritant"

Occurs Due to Chronic Venous Stasis, Commonly Associated with Varicose Veins.

Venous Stasis→ Deposition of Heamosedrine Pigment→ Mild Dermatitis→Ulcer. ← "premalignant"

- **Sites:** In Lower Limb above Medial Mallulus. (Commonly in Obese Female Use OCP).
- **Clinically Presented with:** Erythema, Edema, Scaling, Oozing, Crusting, Pigmentation.

Complication of Stasis Eczema:	**Treatment of Stasis Eczema**
1. Hyper-Pigmentation.	**1.** Prevention by Walking & Exercises.
2. Venous Ulcer.	**2.** Elevate the Foot Over Night + Compression Stocking.
3. Dermatitis around Ulcer.	**3.** Local Steroid Injection around ulcer.

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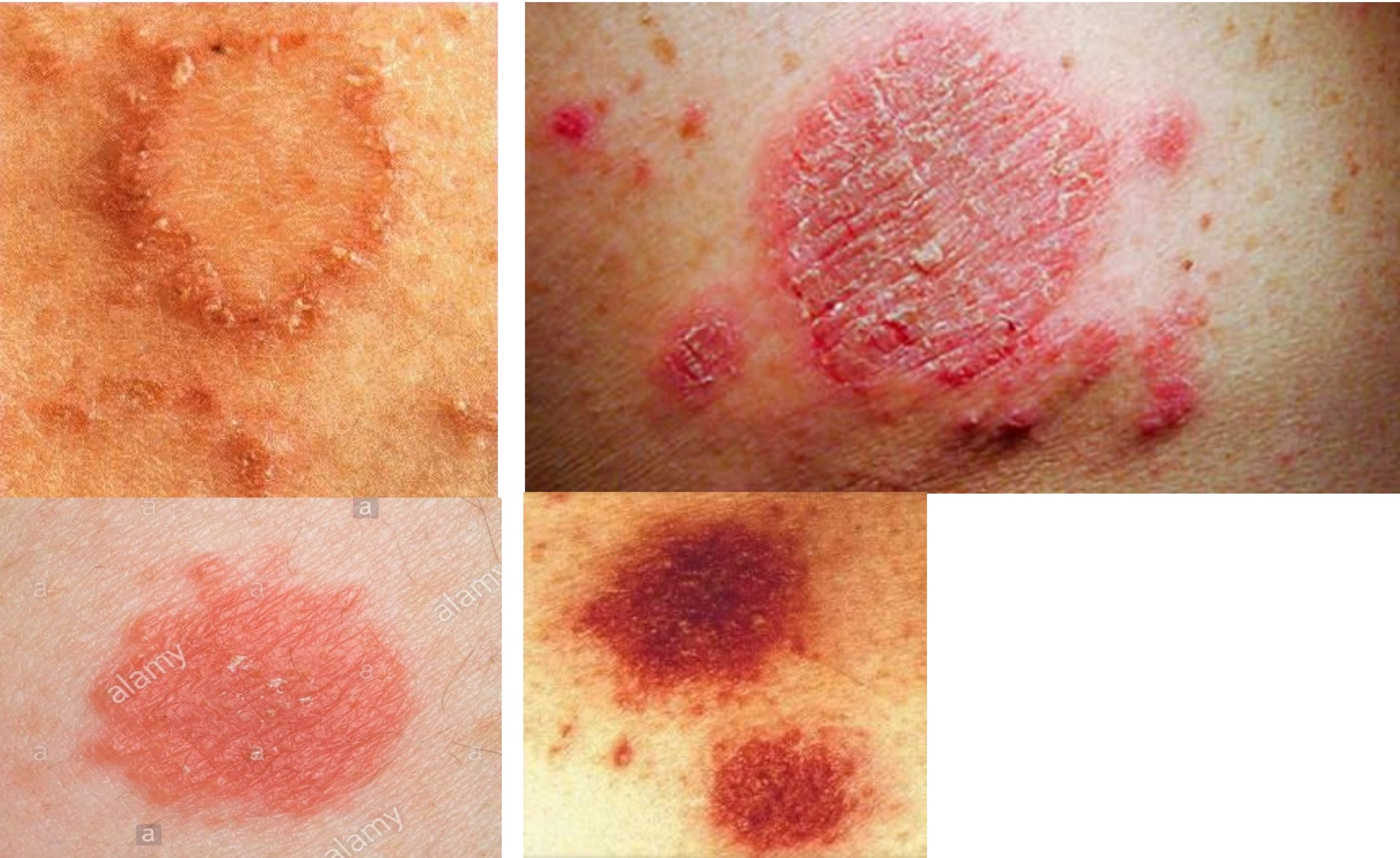
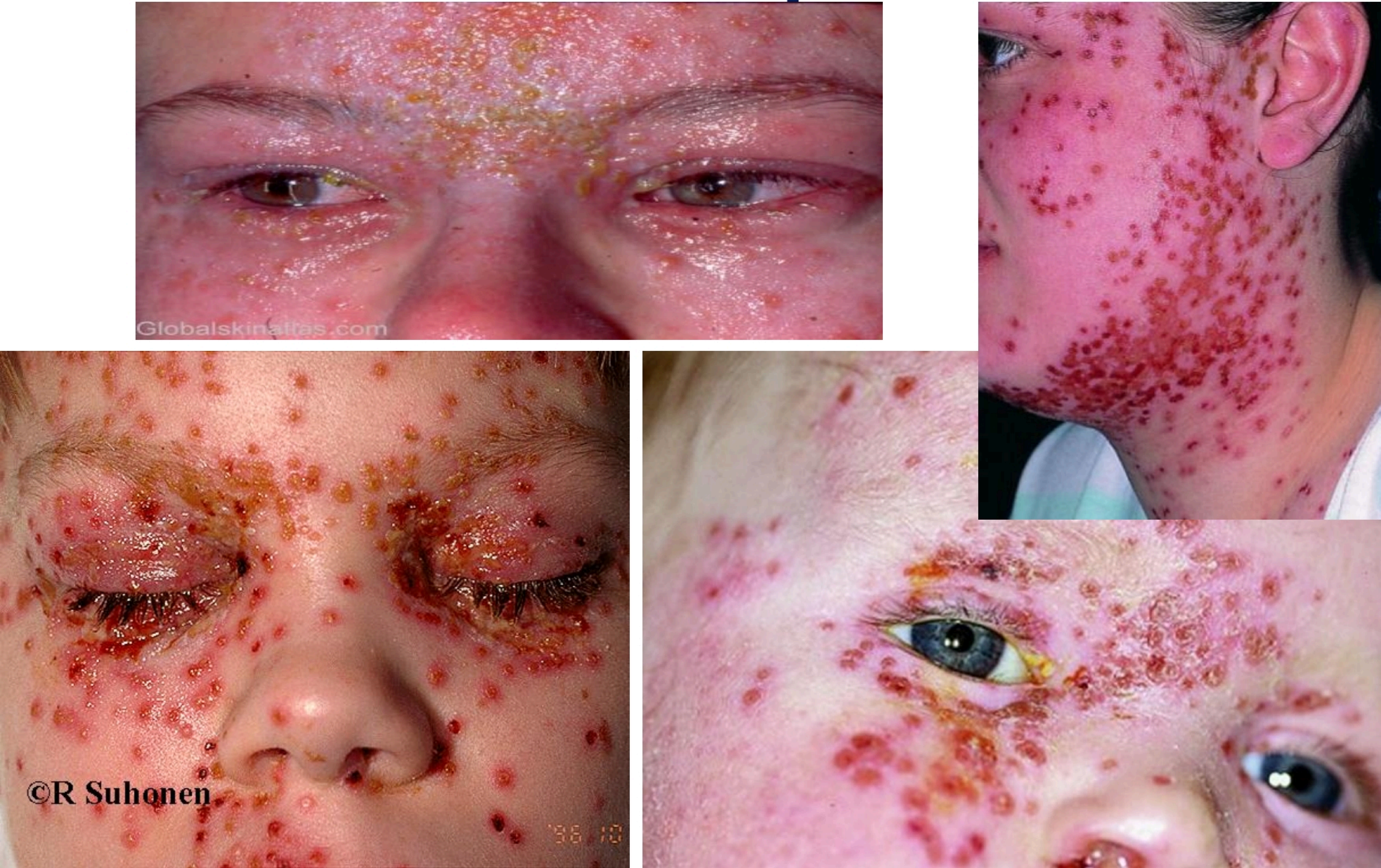
Discoid Eczema



Eczema Herpaticum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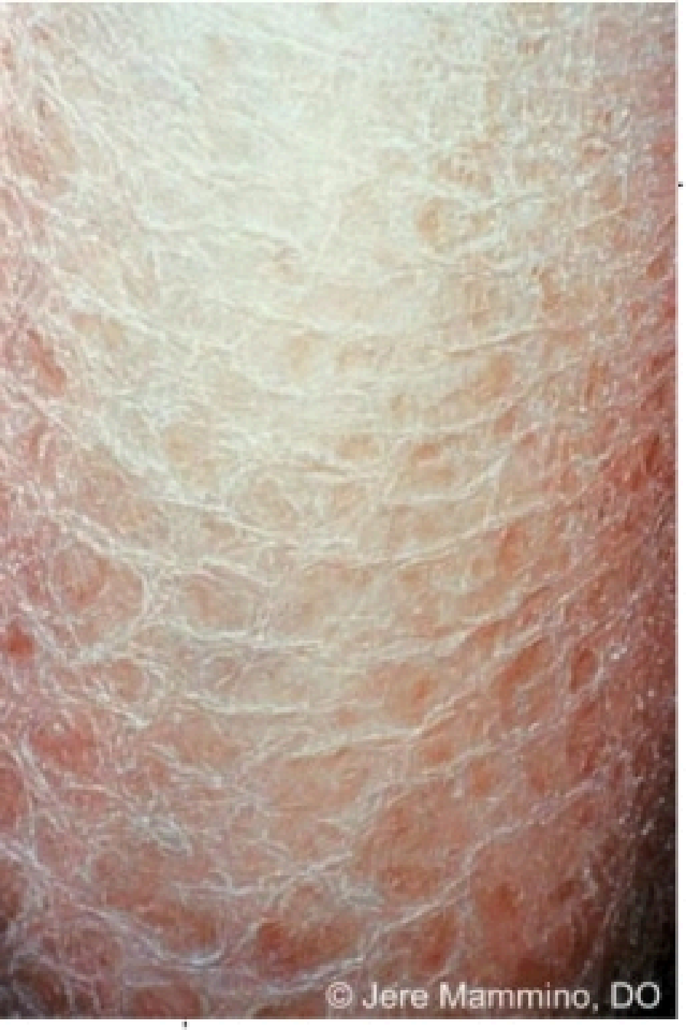
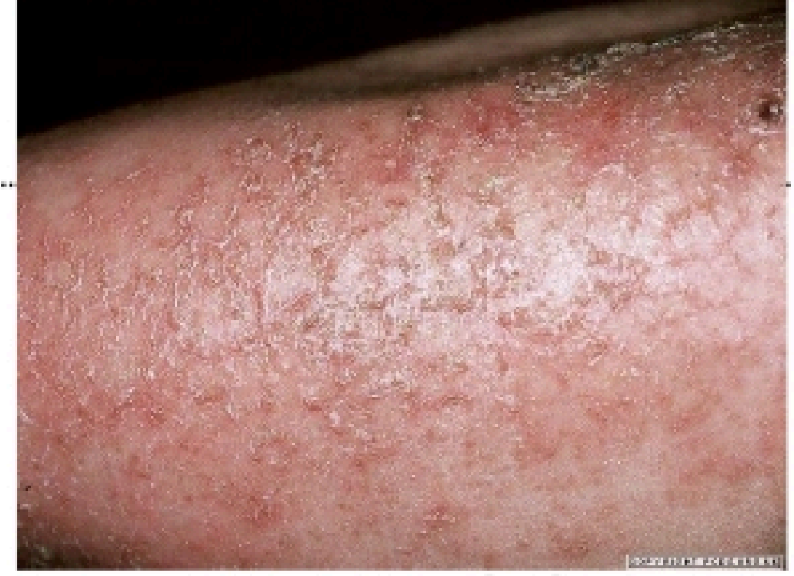
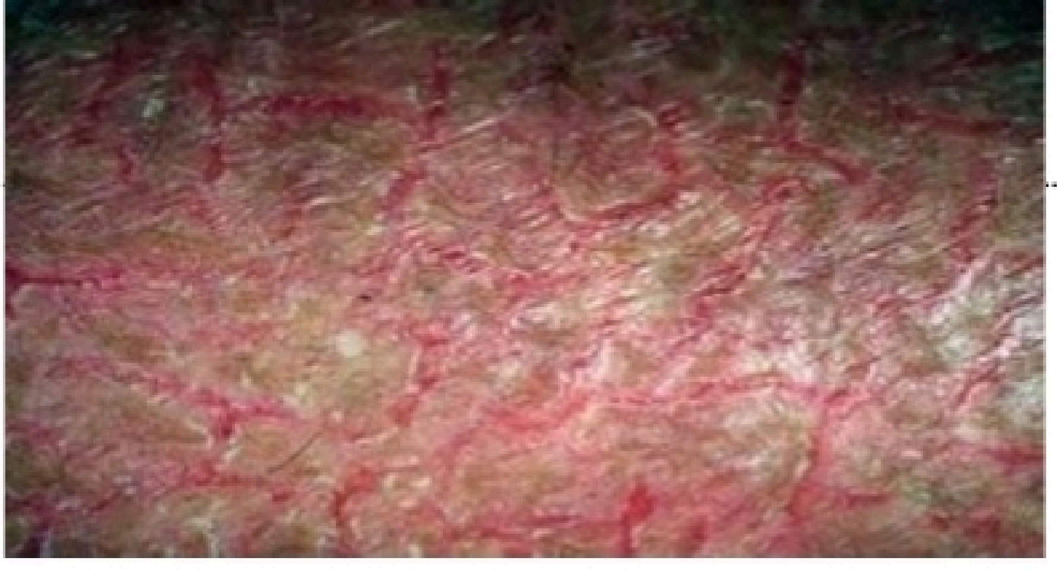






5- Asteatotic Dermatitis (Eczema Craquele):

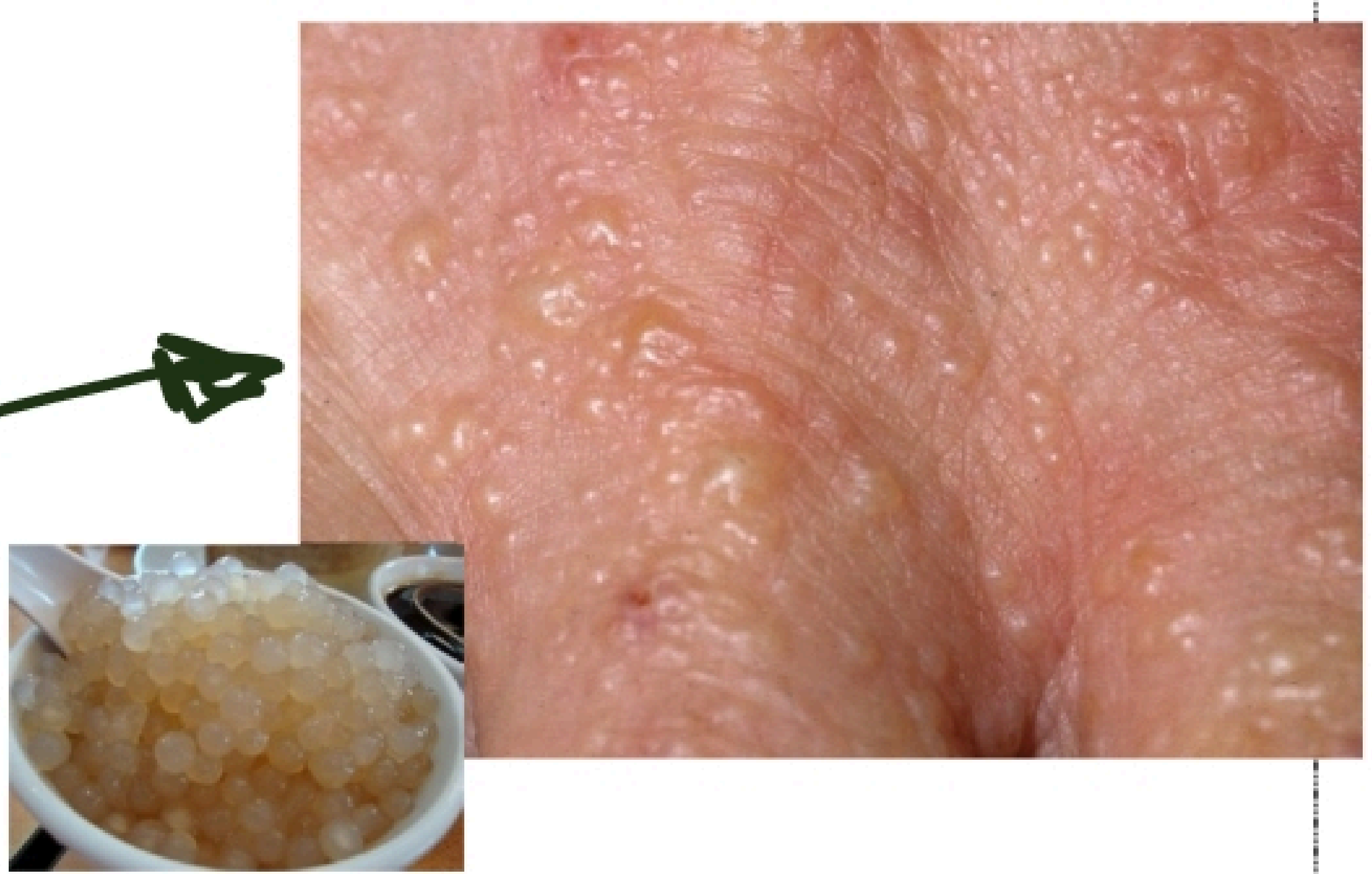
It is Due to Extensive use of Soap That leads to Cracking, Fissuring & Dryness of the Skin. Common in Elderly Due to Decrease of Lipid in Stratum Corneum (loss of Lubrication).

- **Clinically Presented with:**

Diffuse, Scaly, Plaque Mainly in Lower Limb, (Also in Forearm).

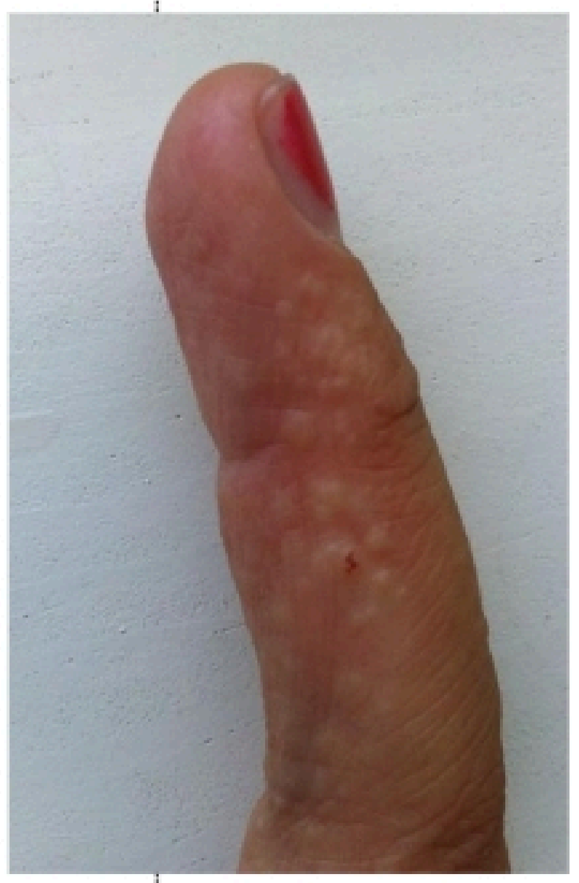
- **Treatment:**

. Emollient Cream (For Skin Dryness).
. Local Steroid (For Inflammation).
. Anti Histamine (For Itching).



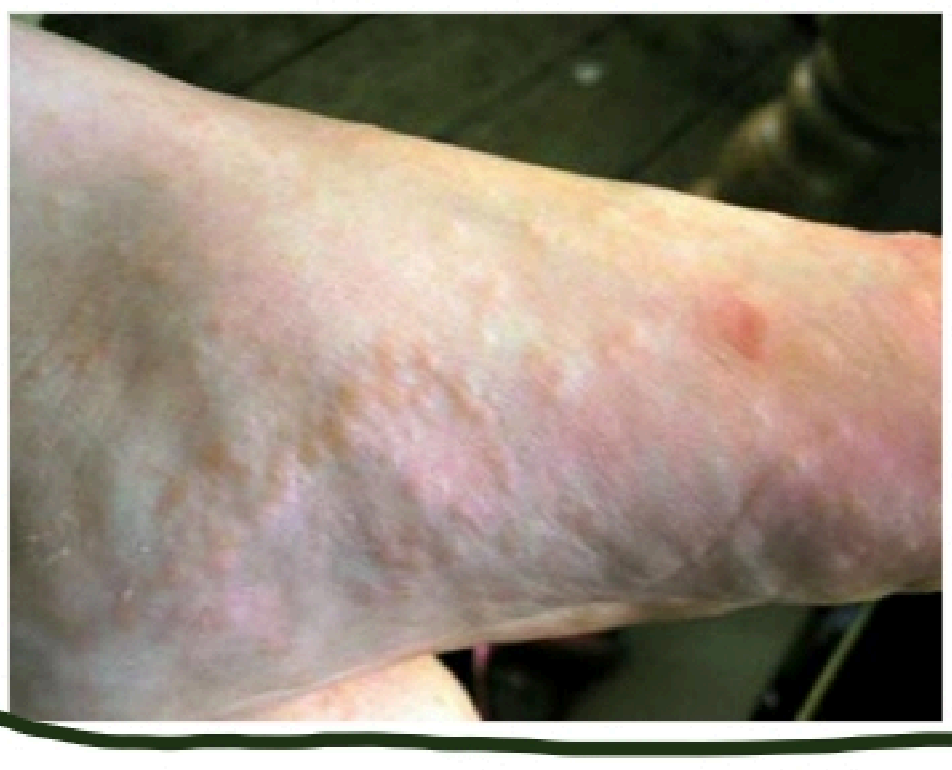
6- Pompholyx (Dyshidrotic Eczema):

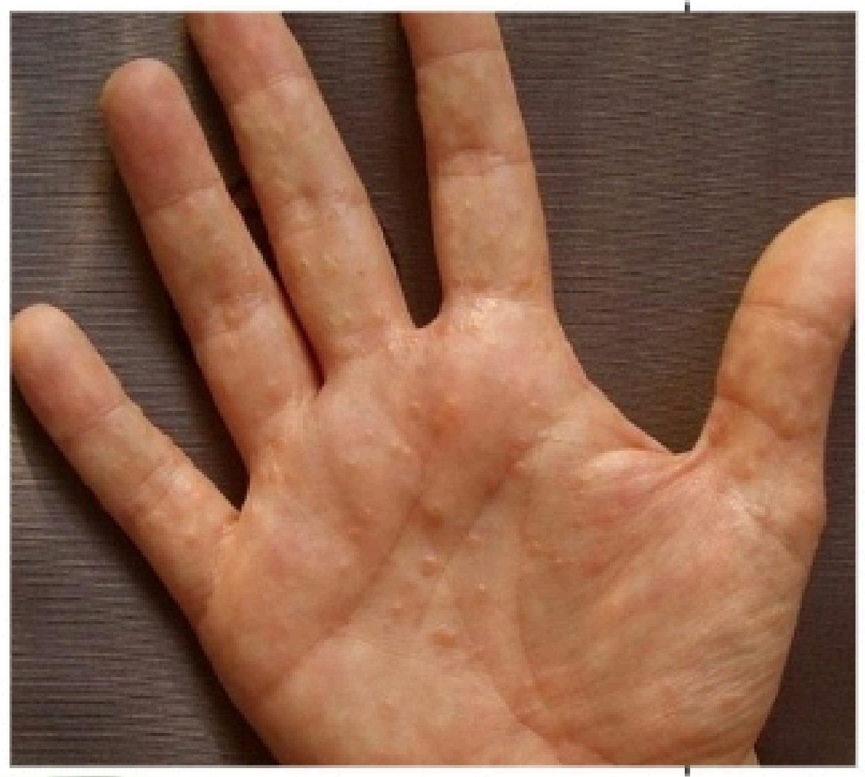
Intensely Itching Vesicle affecting Palm & Sole Associated with Sweating.



- **Treatment:**

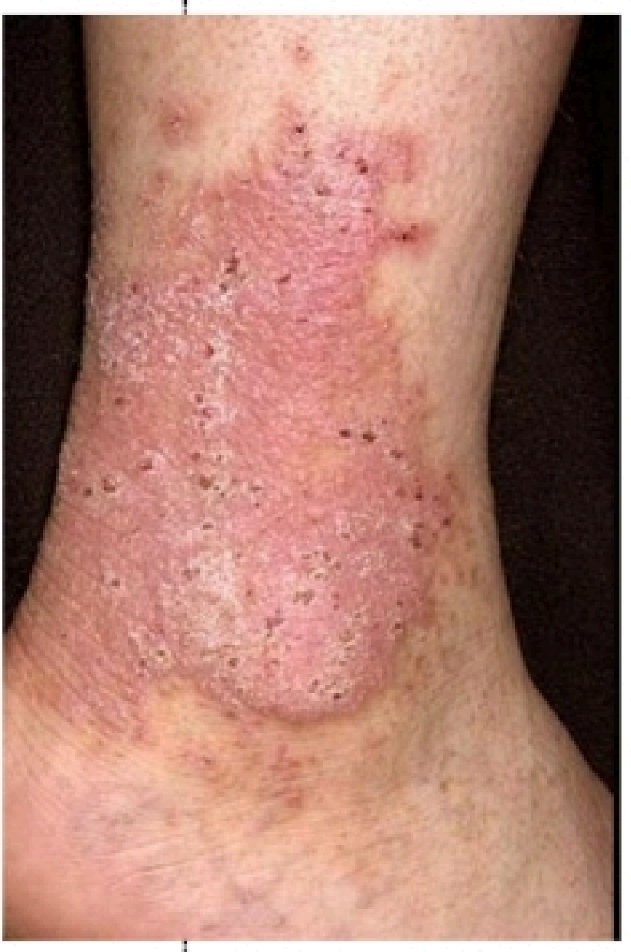
. Topical Steroid (For Inflammation).
. Anti Histamine (For Itching).
. Systemic Anti-Biotic (For Secondary Bacterial infection).





7- Neurodermatitis (Lichen Simplex Chronicus):

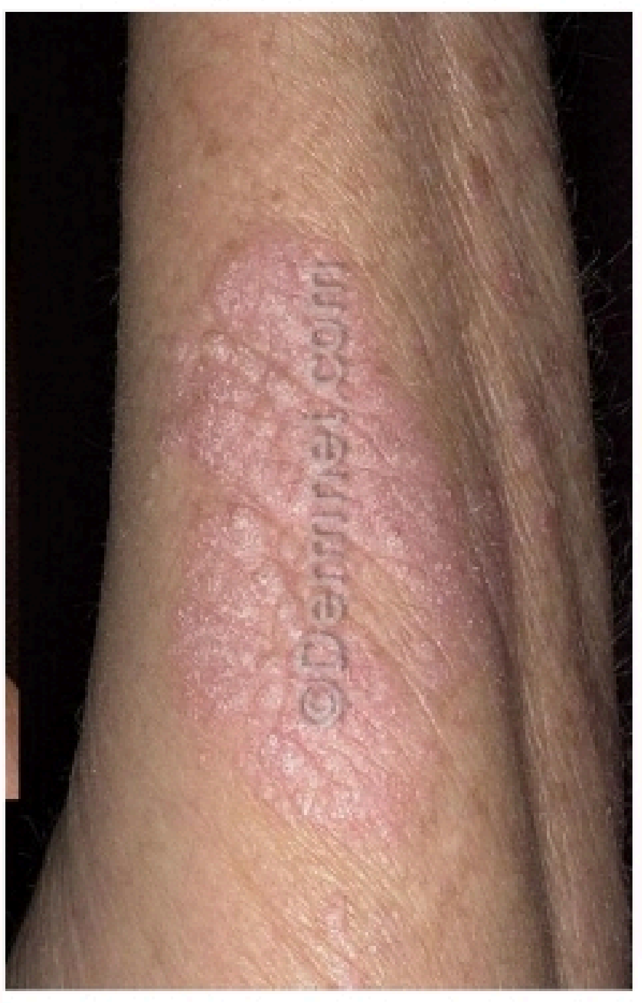
Well Demarked area of Chronic Lichenified Skin Induced by Continuous Rubbing or Stress.

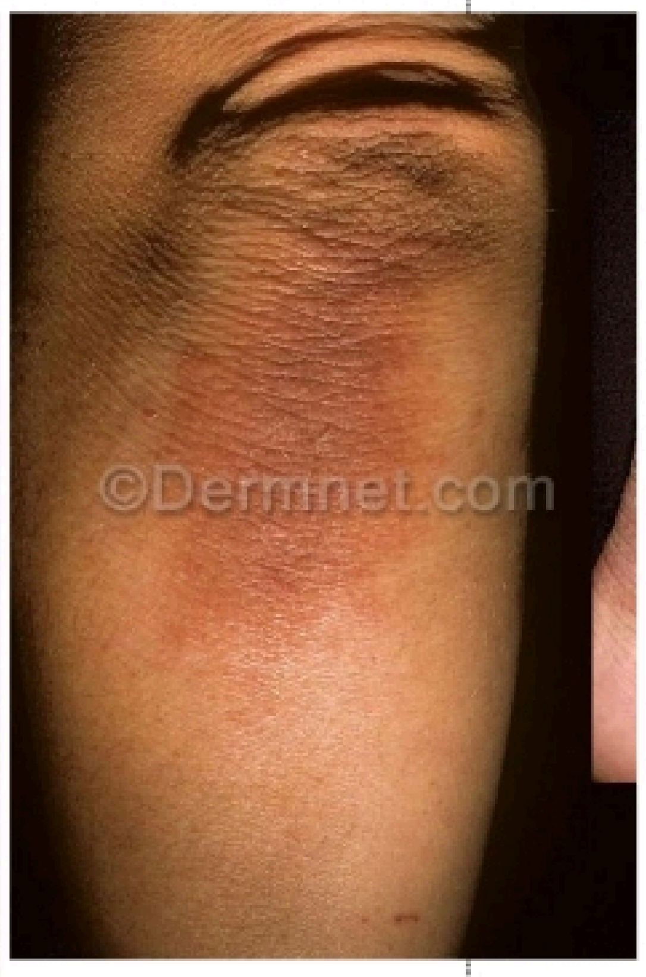


- **Clinically Presented with:**

Simple Plaque on Lower Limb & Back of the Neck.

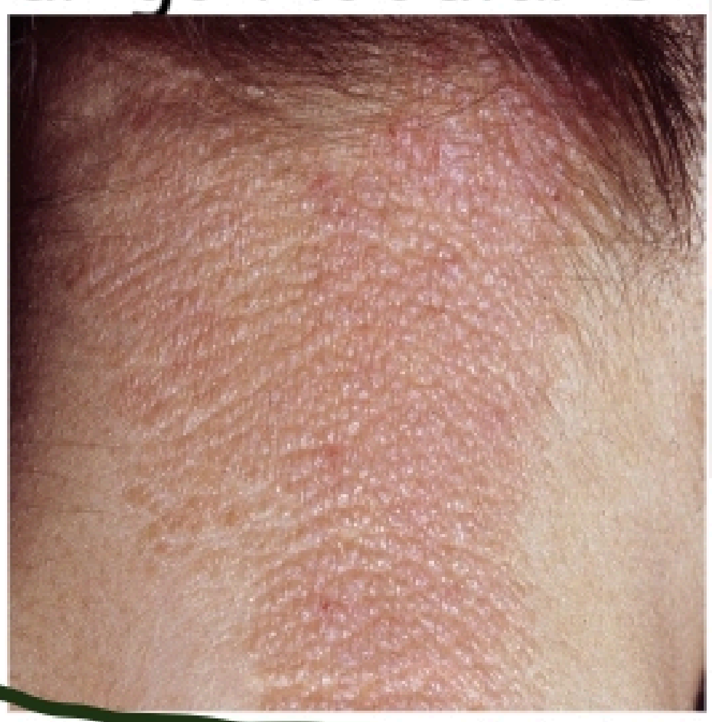
Sometimes Develop on Shin of Forearm Known as "Prurigo Nodularis"





- **Treatment:**

. Topical Steroid (For Inflammation).
. Anti Histamine (For Itching).



8- Exfoliative Dermatitis:

It is a Serious Condition of Dermatitis Because it Leads to Hypothermia.
25% Unknown Origin, But **15%** Due to Malignancy.
Also Associated With Other Systemic Disease.

- **Treatment:**

. Worming the Patient.
. Systemic Steroid.

Urticaria

Urticaria is Characterized by:
Itching & Transient Lesion Called→**"Wheal"**, which Disappear without any work on Skin.

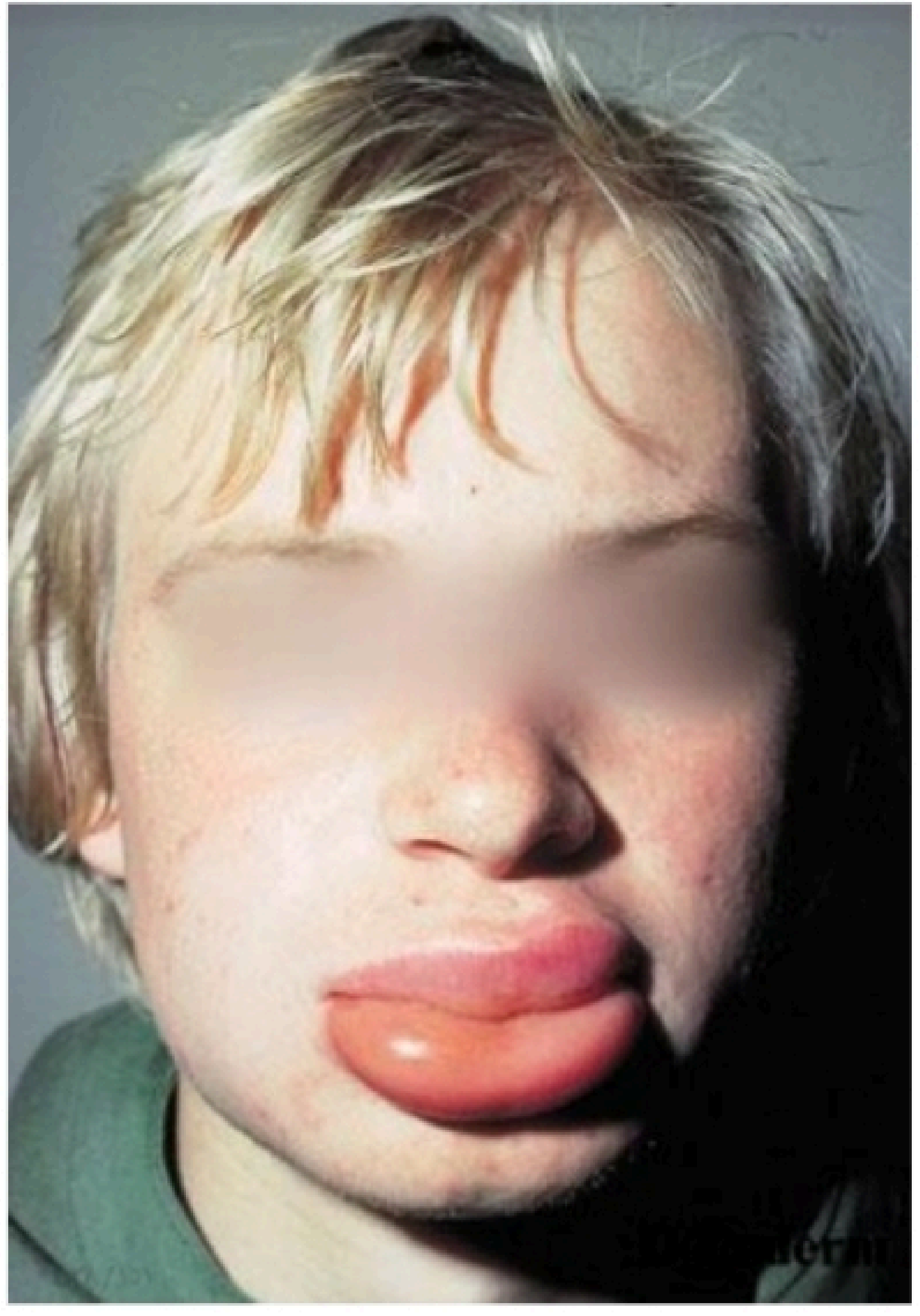
⇒physical urticaria
1-Solar Urticaria" في الصيف"
2-Colar urticaria"
3-Vibration urticaria
4-Pressure Urticaria
5-Colenergic Urticaria
- Nervousness
- smokers
- sumar
- sweating

6-Dermographic urticaria

- **Types of Urticaria:**

-***Acute Urticaria:***
Less than **6** Weeks
Causes of Acute Urticaria: **(In. Role)**
1- **In**gestion.
2- **In**jection of Penicillin.
3- **In**festation (by Parasite Leading to Esinophilia).
4- **In**fection.
5- **In**sect Bite

-***Chronic Urticaria:***
More Than **6** Weeks ⇒ common in female"
Cause → Idiopathic is the Most Common Cause.

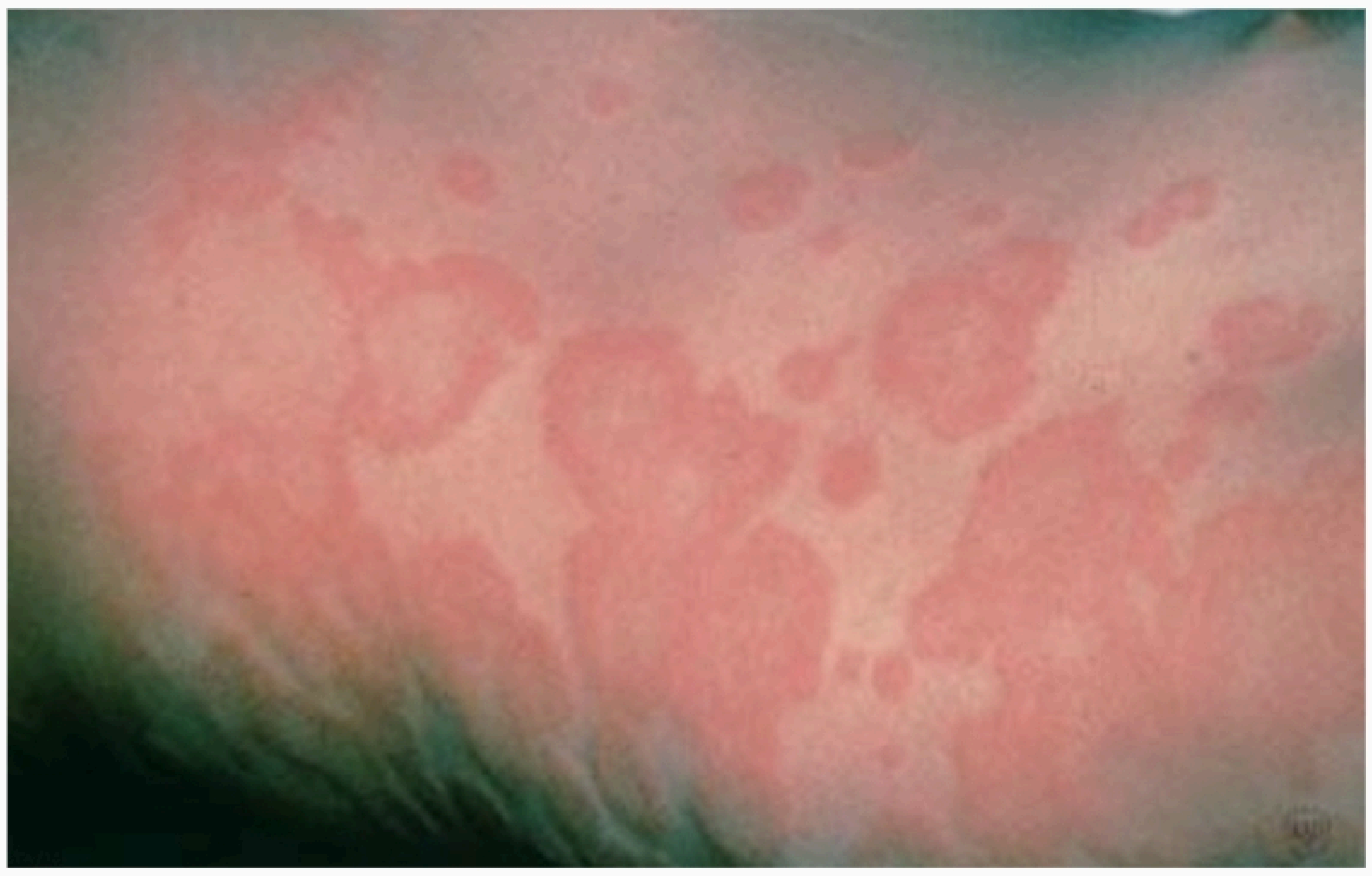


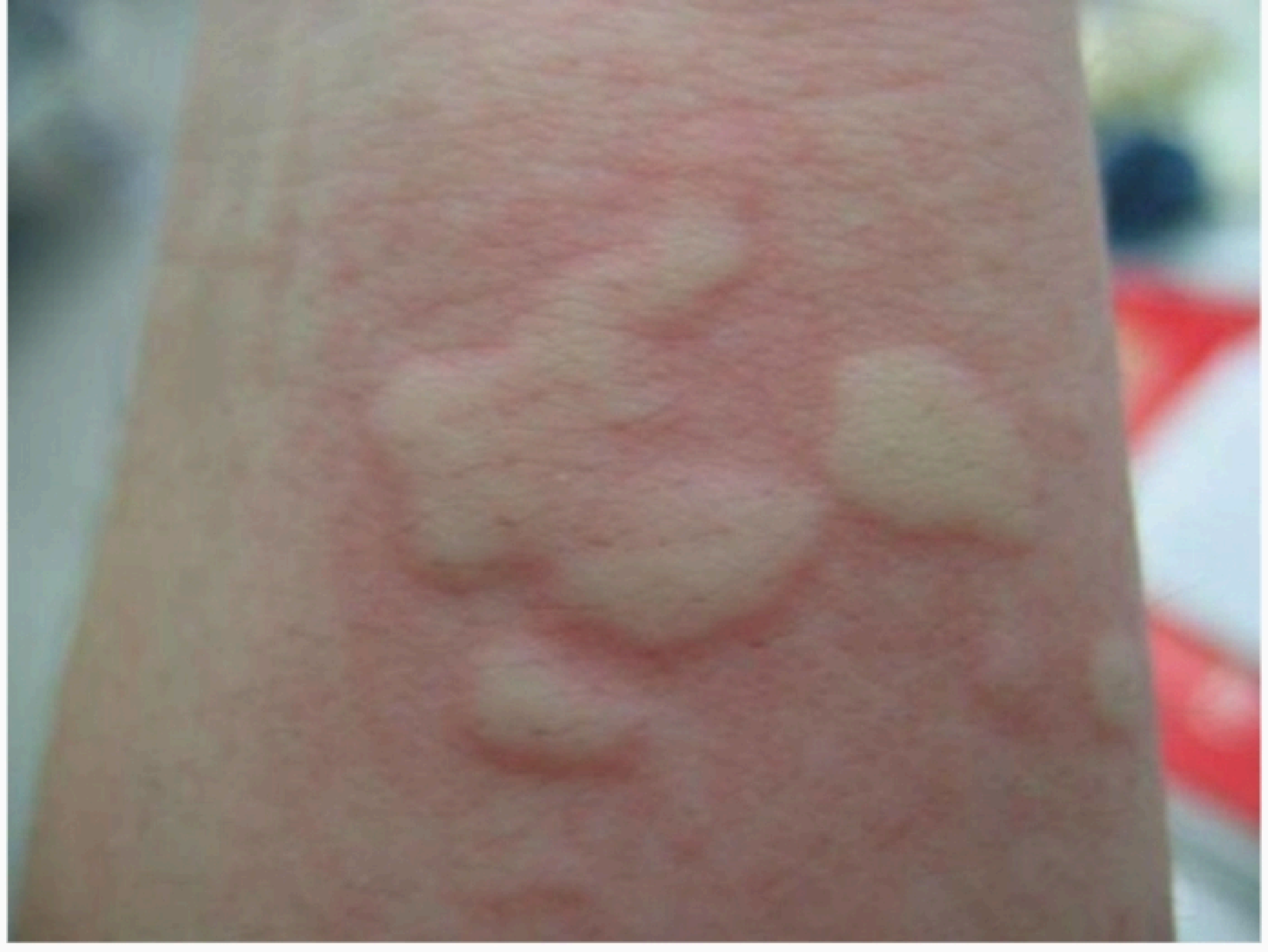
- **Treatment of Urticaria:**
1- Hydrocortisone ***50-100mg*** + Anti Histamine → Stabilize Mast Cell
2- Adrenaline Used Only in Acute Urticaria with Laryngeal Edema.

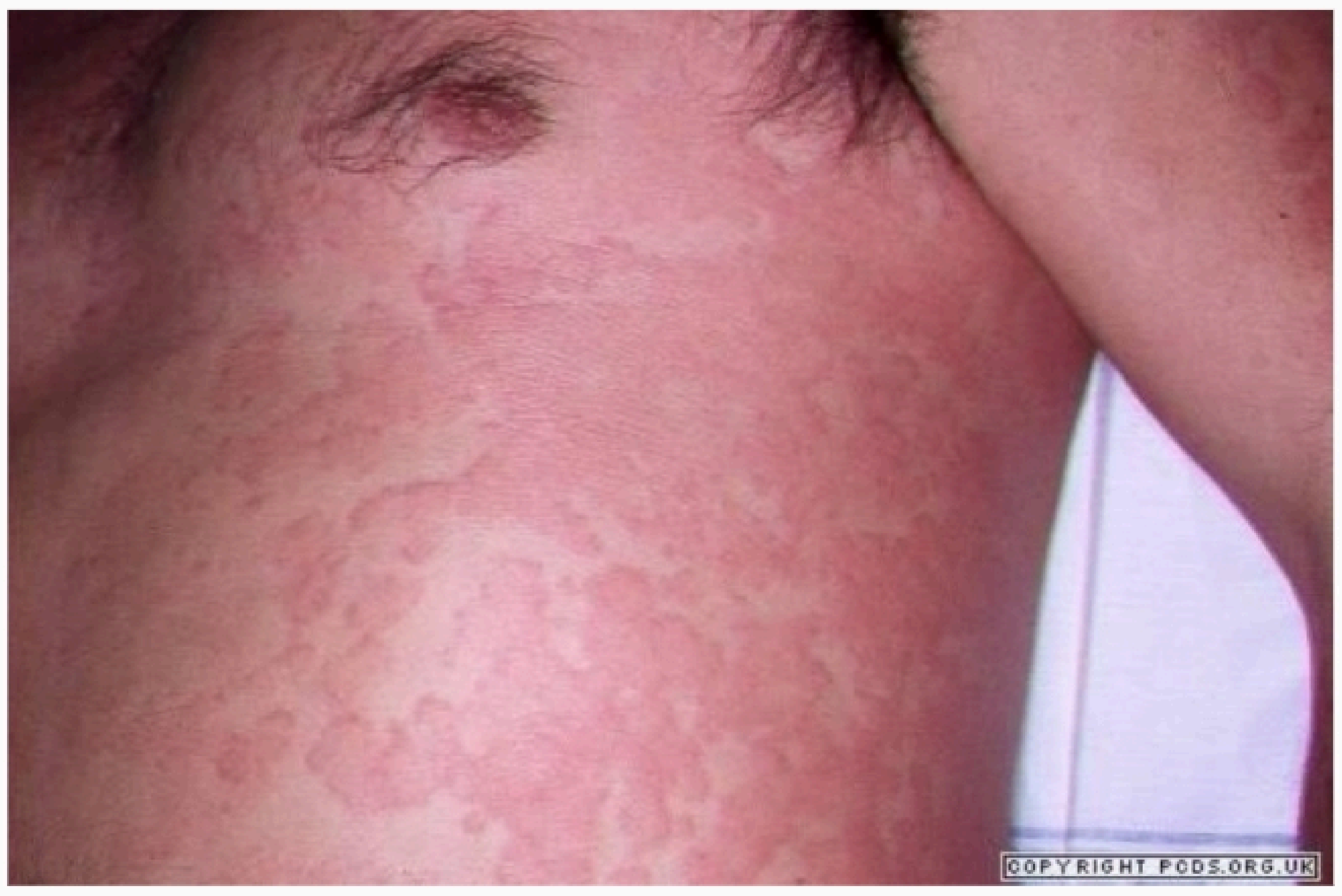
*** NSAID & Aspirin are Contra-indicated in Case of Urticaria ***

Side Effect of Steroid:

Local Steroid Side Effect:	*Systemic Steroid Side Effect:*
1. Skin Atrophy. **2.** Stria. **3.** Telangectasia. **4.** Hypo & Hyper-Pigmentation. **5.** Decrease Local Immunity → Risk of Infection.	Cushing Syndrome Due to Prolonged Use of Systemic Steroid: **1.** Cataract. **2.** Glaucoma. **3.** DM. **4.** Hypertension. **5.** Obesity. **6.** Osteoporosis. **7.** Hirsutism. **8.** Acne.



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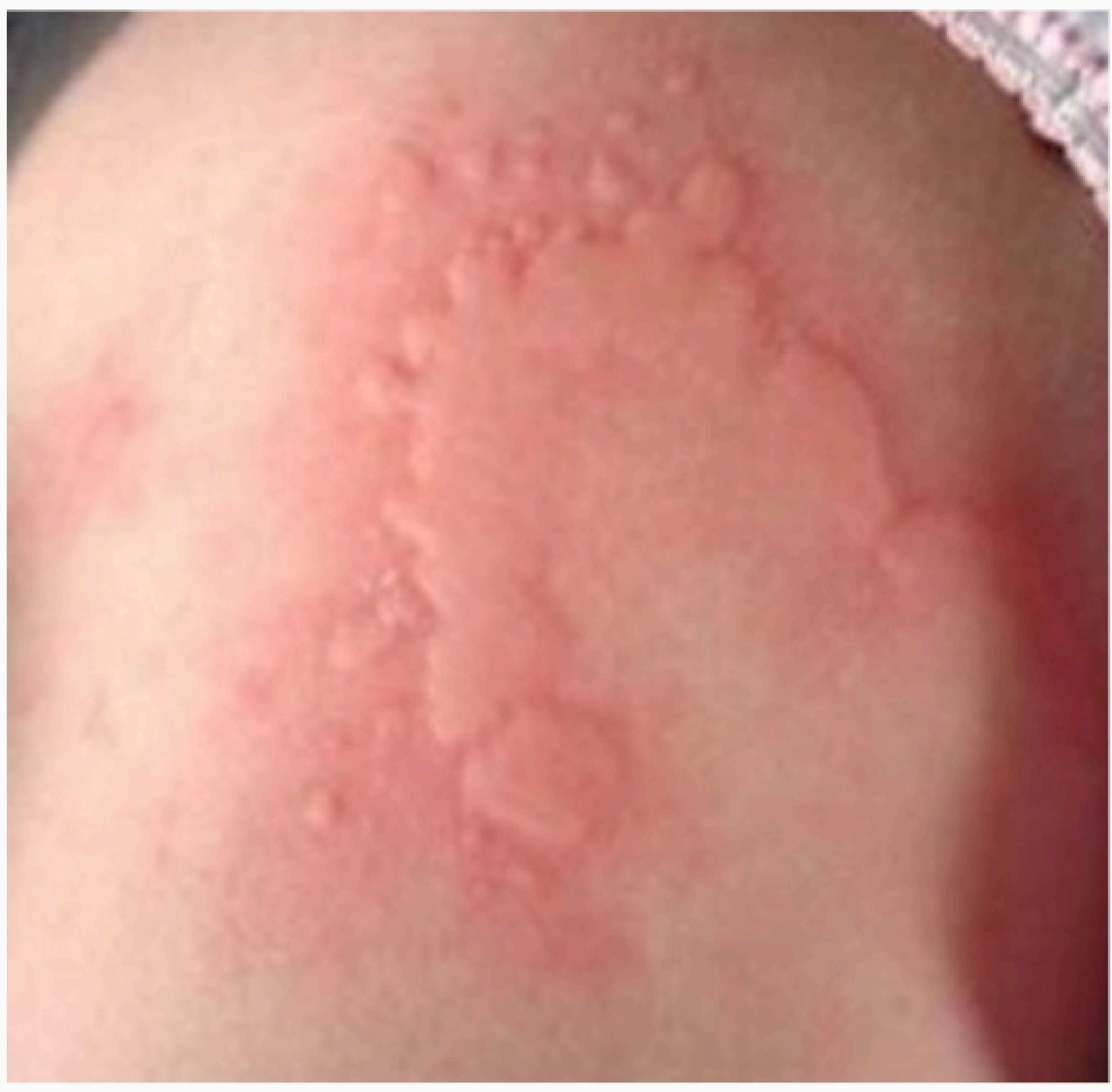
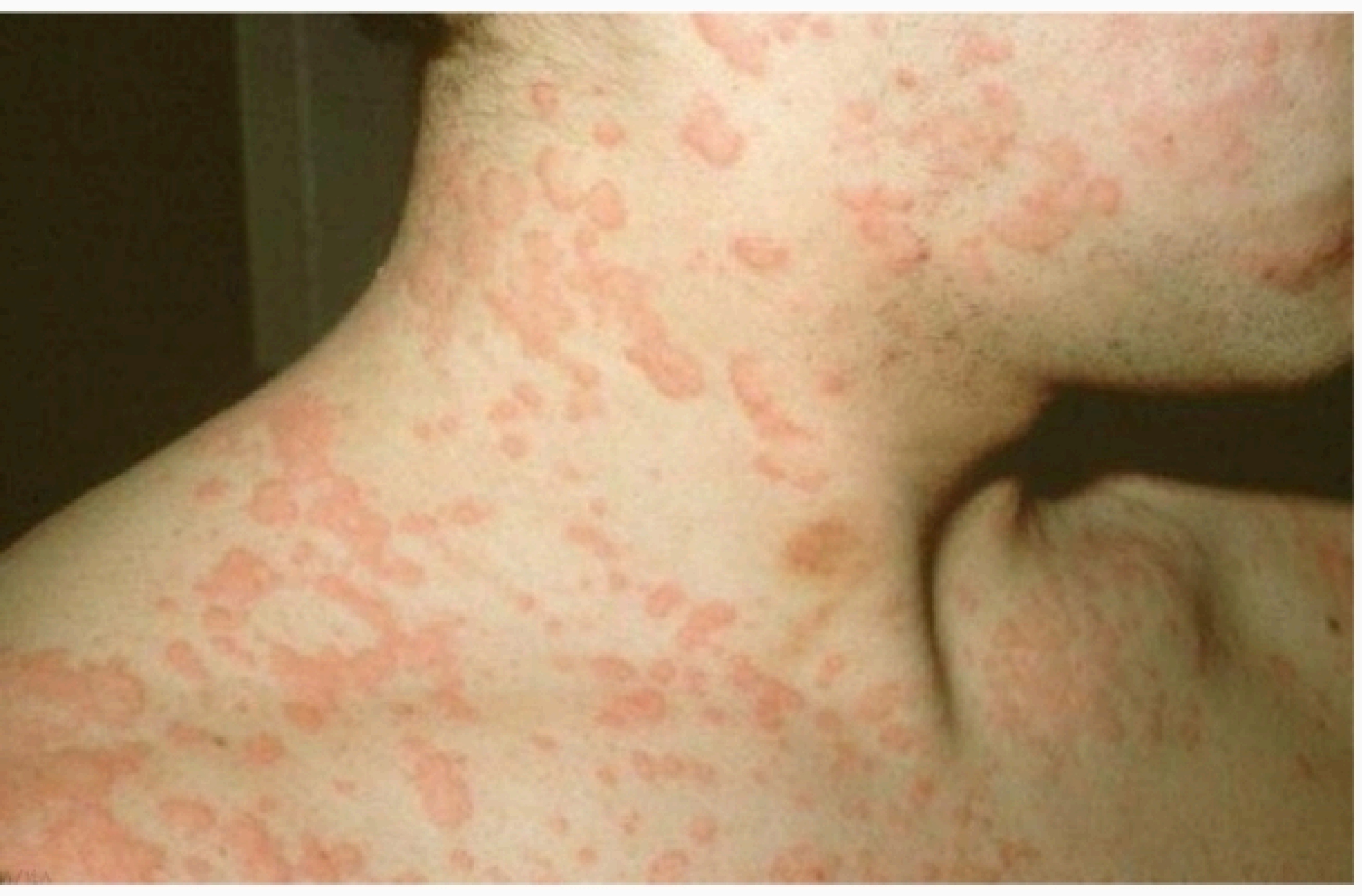
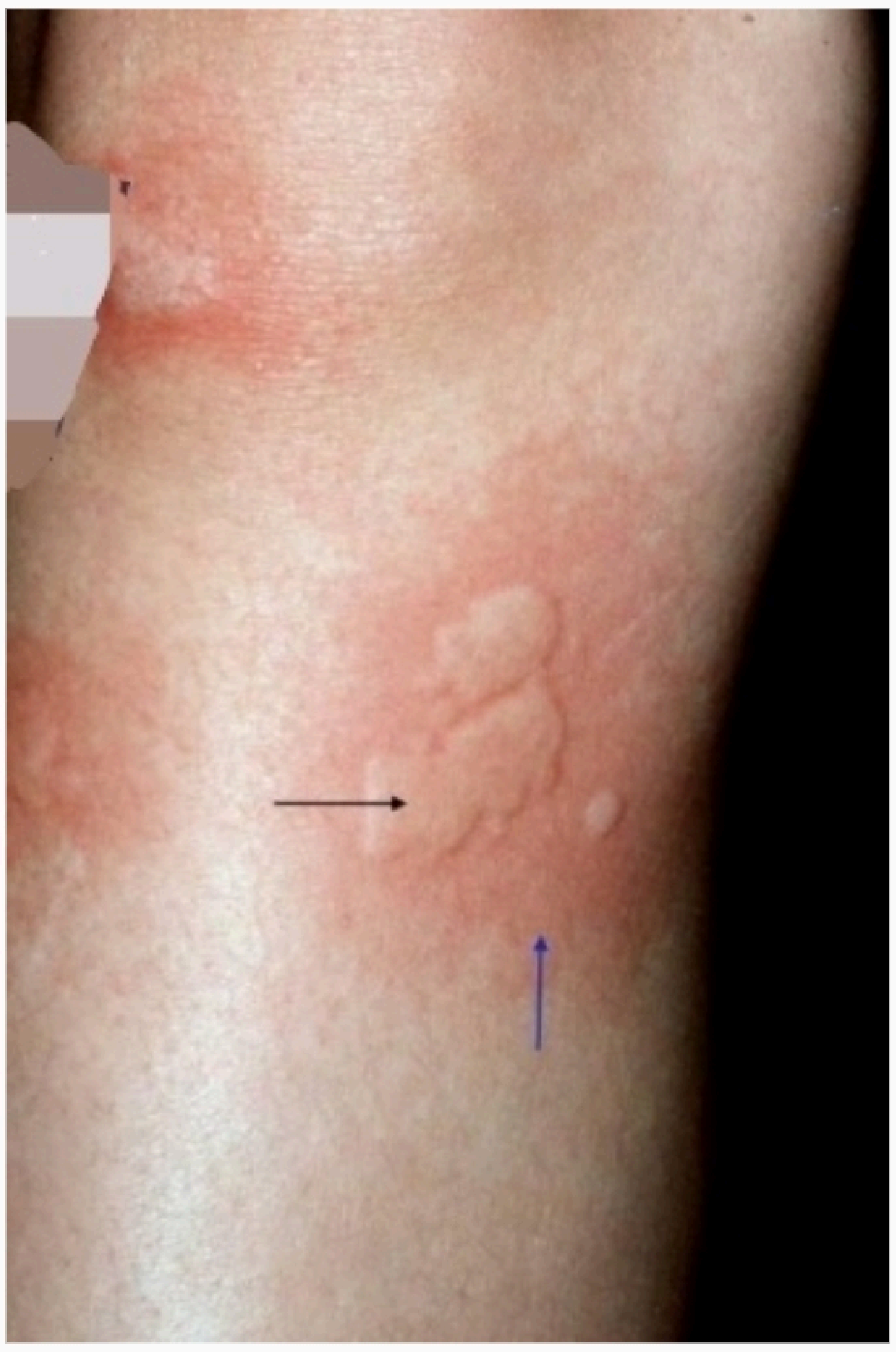
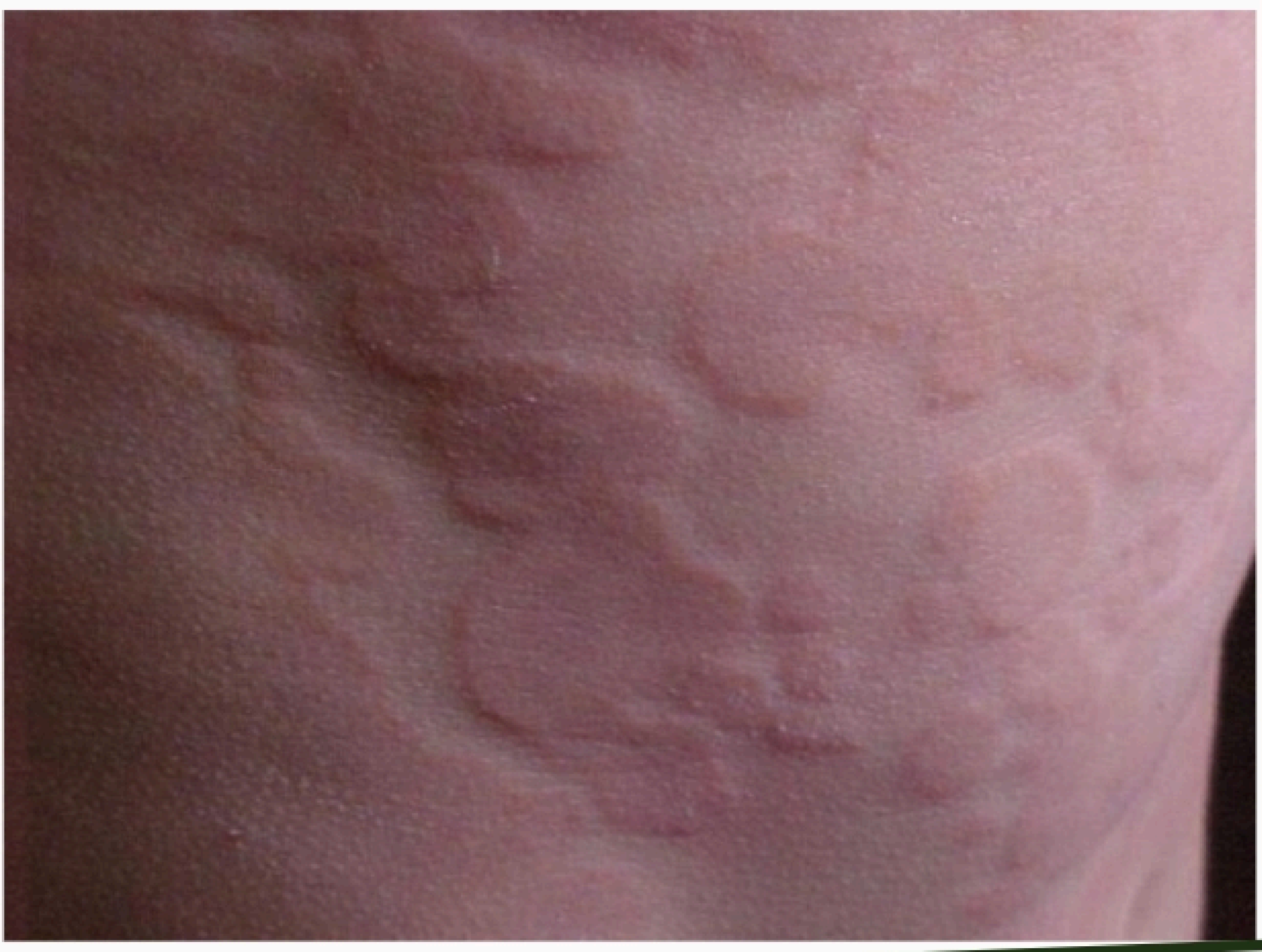


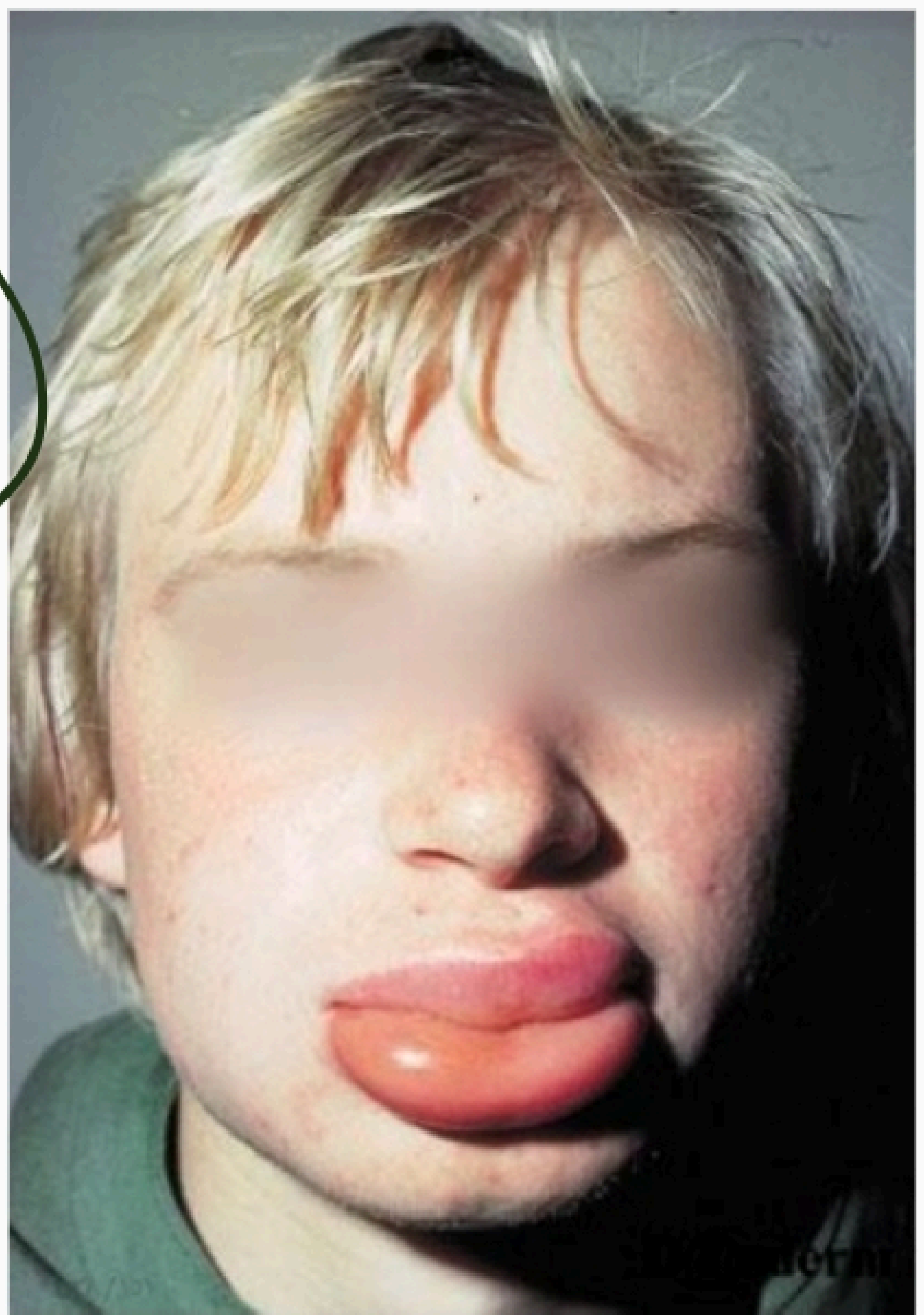


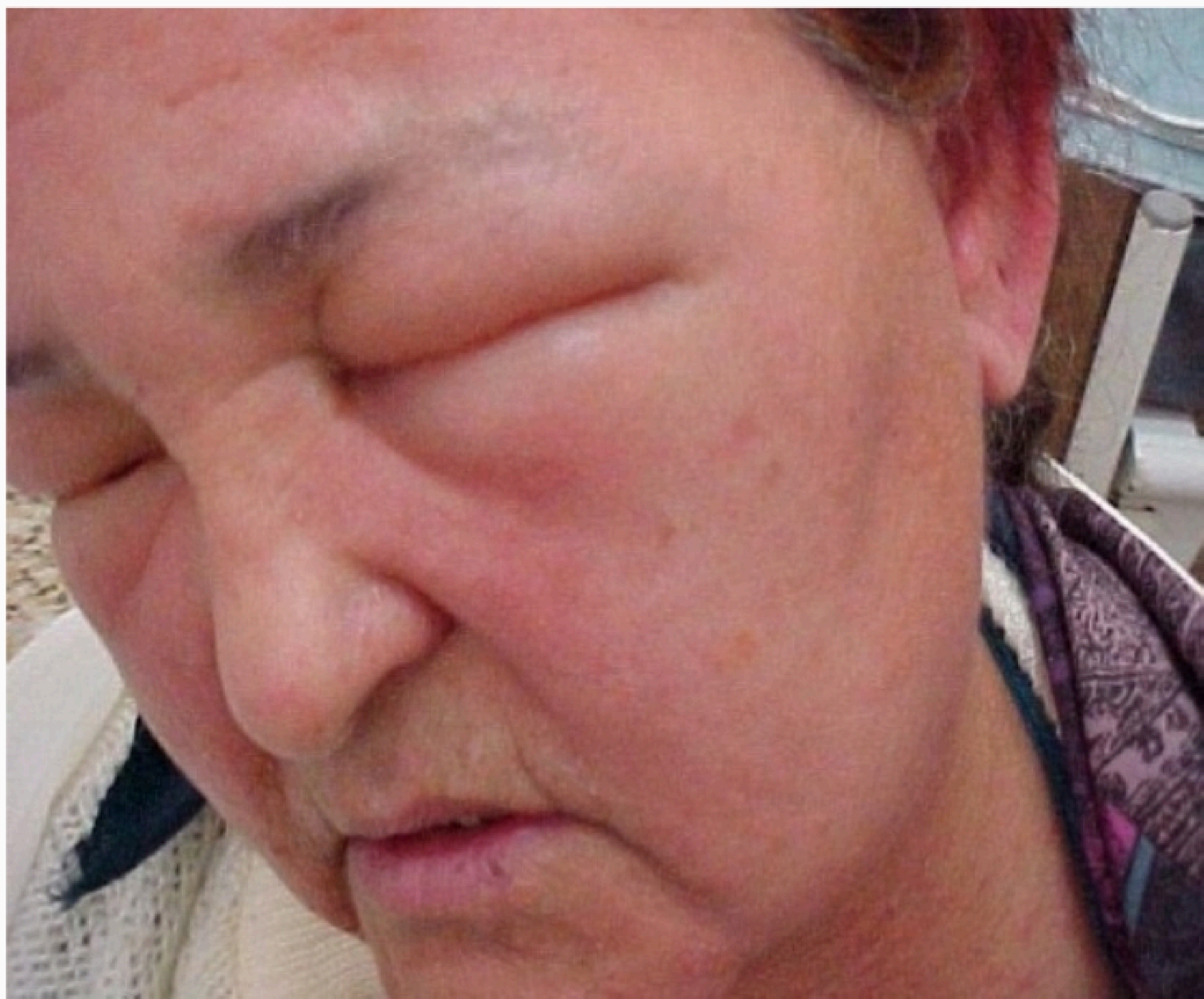




Urticaria

Angiodema





Sebacous gland

Hair follicle

Erector pilli muscle

Acne

Acne is a Self Limiting Sub-acute Inflammation of ***Pilosebaceous Follicle*** Characterized by Formation of ***Comedones***, Mainly affect Aldocesent.

- **Athiology**: (Multifactorial)

1- Seborrhoic Activity: (No Acne between **2-6** Years; Because No Activity of Sebaceous Gland).

2- Genetic: Hereditary, Common in White Men.

3- Hormonal: Excess Androgen. ← "stimulate Sebacous gland secretion"

4- Bacterial Infection: Propionibacterium Acne (Anaerobic) + Staphylococcus Epidermidis (Gram Negative) + Diphteroid → All of Those Multiply in Follicle Canal Leading to Inflammation & Destruction of Follicular Wall.

5- Psychological: Stress increase Androgen.

6- Mechanical: By Occlusion Pressure on Skin (Ex: Cosmetics).

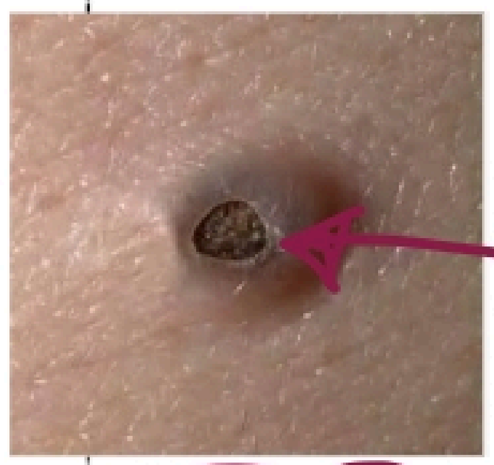
7- Drugs: Anti TB, Anti Epilepsy, Steroid, Sedative.

- **Pathogenesis:**

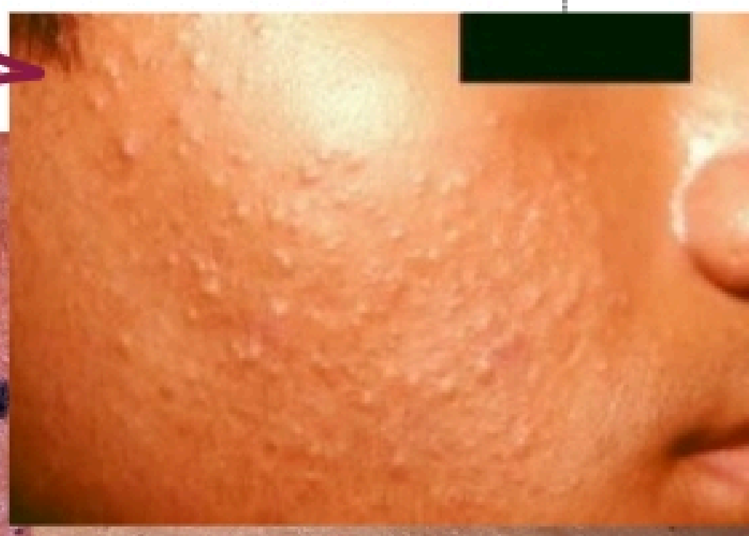
Androgen act on Sebaceous gland release Sebum→ Sebum is Breakdown by ***Coryneabacteria*** into Free Fatty acid→ Free Fatty acid act as Chematactic Factor Leading to Sterile Inflammation→ The Inflammation leads to Hyper-proliferation of upper portion of Sebaceous duct + Hyperkeratosis→ Leading to Obstruction→ Causing Formation of Dilated Chamber full with Sebum Known as ***Comedone***.

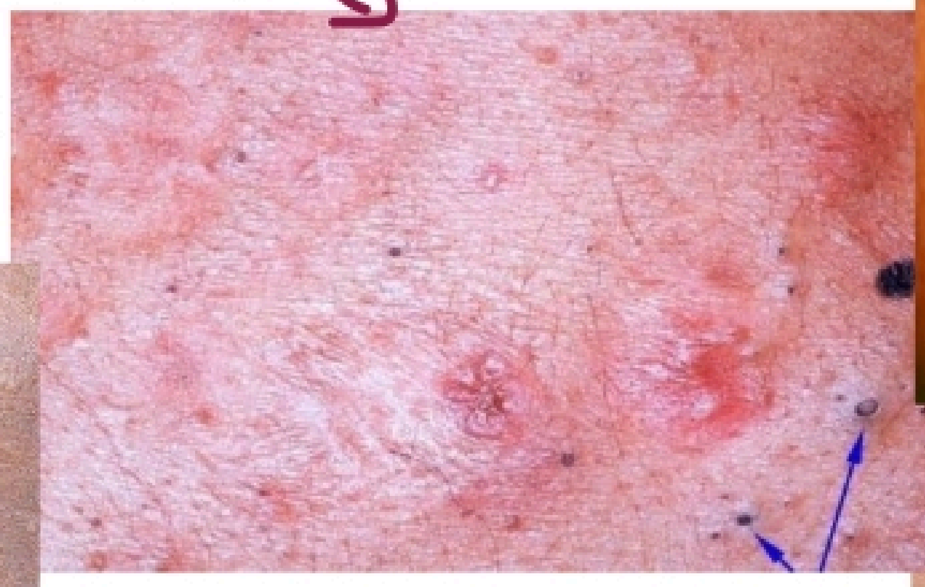
If Follicle Open → Oxidation → Melanin →***Black Comedone***.

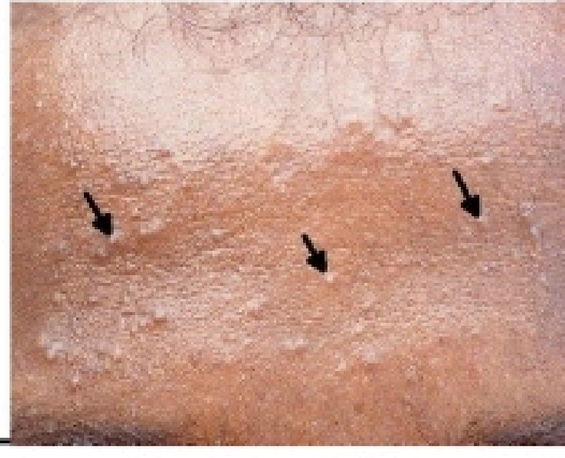
If Not Open → Pulging of Duct Deeply → ***White Comdone***.

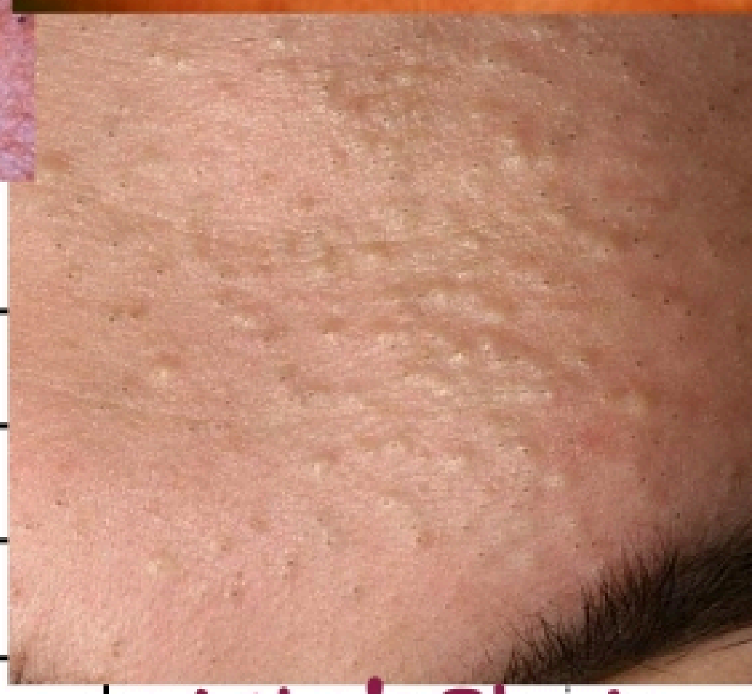


intact skin over Sebacous gland









white & Black Comedone

- **Clinical Picture:**

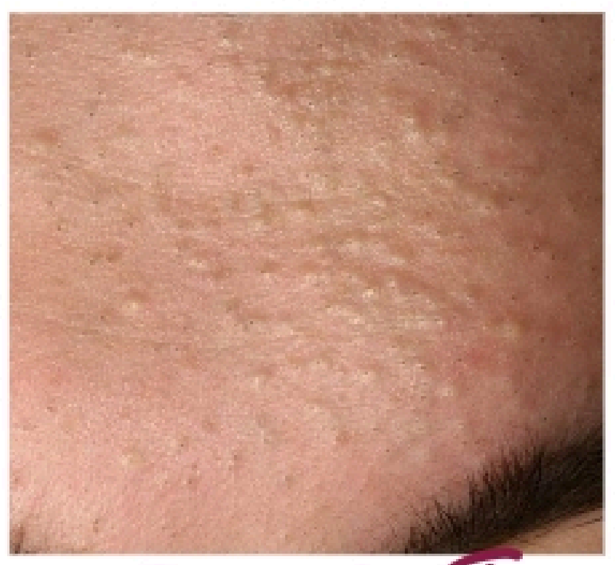
The Acne Presented in **4** Grades:

Grade 1 (Mild)	Comedone Open & Close. ***"Non Inflammatory"***. mild
Grade 2 (Moderate)	Comedone + Papules & Postules. ***"Inflammatory"***. sever
Grade 3 (Sever)	Comedone + Nodules & Cysts (Nodulo-Cyst). ***"Inflammatory"***.
Grade 4 (Advanced)	Atrophic & Hypertrophic Scars.

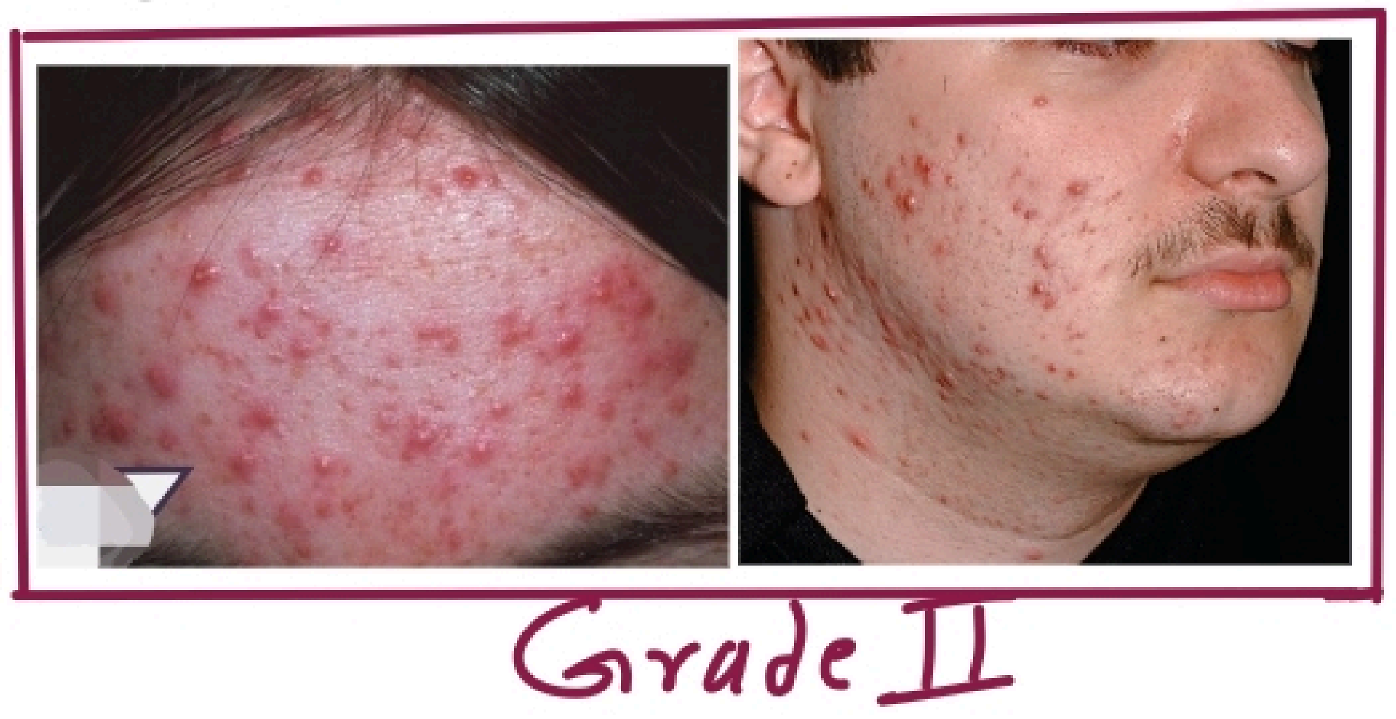
- **Sites:** Early in → Face, Nose, Cheek .... Late in → Trunk.

- **Types of Acne:**

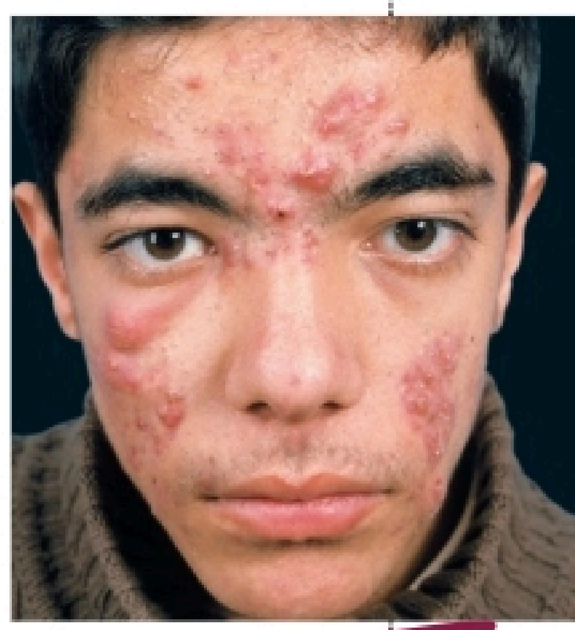
1. Acne Vulgaris (**Commonest Type**).
2. Infantile Acne.
3. Cosmetic Acne.
4. Excoriates Acne.
5. Drug Induced Acne + Steroid Induced Acne.
6. Acne Conglobata (**Sever Type**).
7. Acne Fulminans "Acute Febrile Ulcerative Acne" (**Sever Type**).



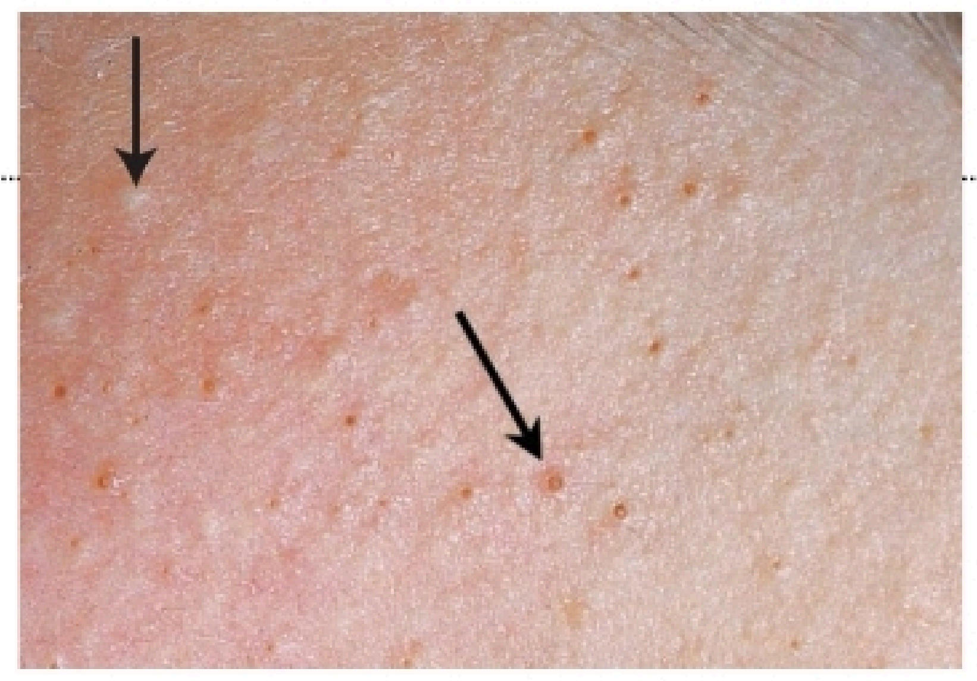
Grade I



Grade II



Grade III


upper arrow → white comedone
Lower arrow → Black comedone

* Acne Vulgaris:

It is the **Commonest** Type of Acne affecting Young adult **12-20** 21 Years Old.

- **Site** → Face, Upper Chest, Upper Back, Shoulder.

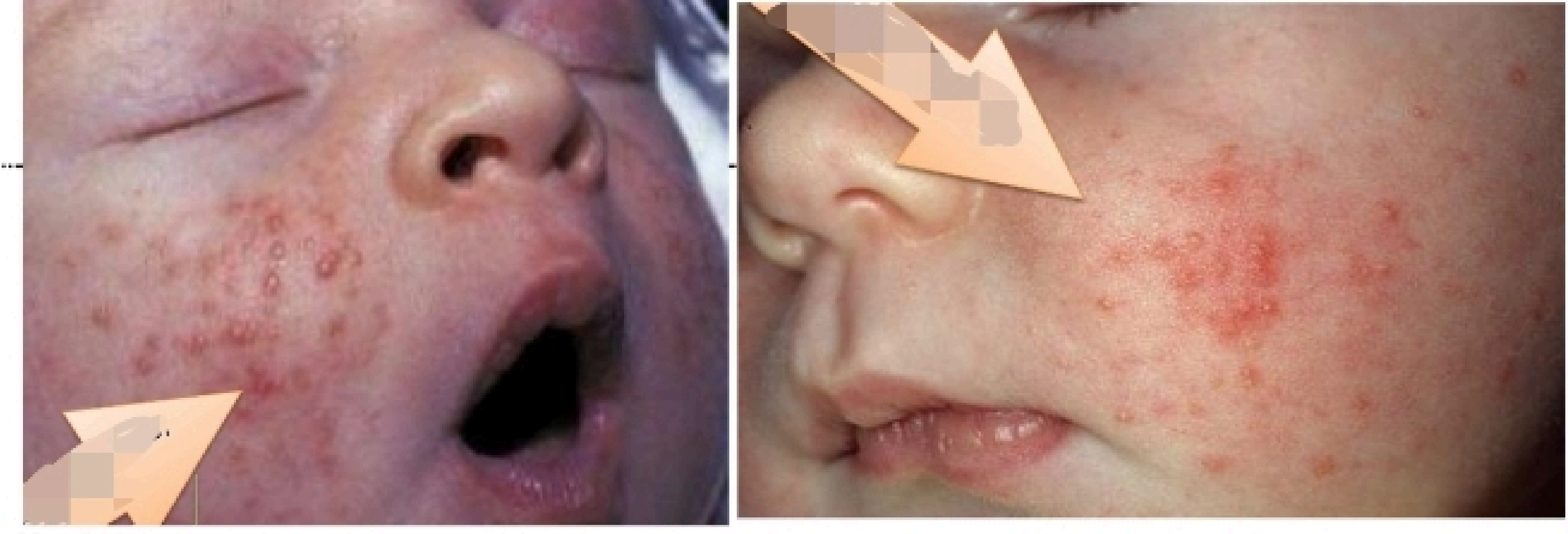
- Precipitating Factors:
Stress, Menstruation, Hormonal Factors, Humidity, and Drugs.

- Complication:
1. Cosmetic, **2.** Hyper-Pigmentation, **3.** Secondary Bacterial Infection., Ulcer, scars.

- Investigation:
No Special investigation Required,
But in Case of Sever Acne in Female + Hirsutism or Irregular Menses → Should be done Hormonal Investigation & ***Ultra Sound*** For Adrenal glands & Ovaries to Exclude Androgen Secreting Tumor + (PCO).
→ If Pt takes OCP; She Should Stop it On Month,→ Then She Can Do Investigations.

- Treatment:
-Resolve Spontaneously at age of **25-30** Years Old.
-The Treatment Needs Cooperative Patient; Because take time from Months to Years.
-Reassurance & Remove the Precipitating Factors.
-Cleaning with Soap Not Irritant.
-Then According to Grade:
Grade **1** (Comedone) + Mild Grade **2** (Mild Papules + Pustules)→**Local Treatment**.
Grade **3** (Nodulo-Cyst) + Sever Grade **2** (Sever Papules + Pustules)→**Systemic Treatment**.

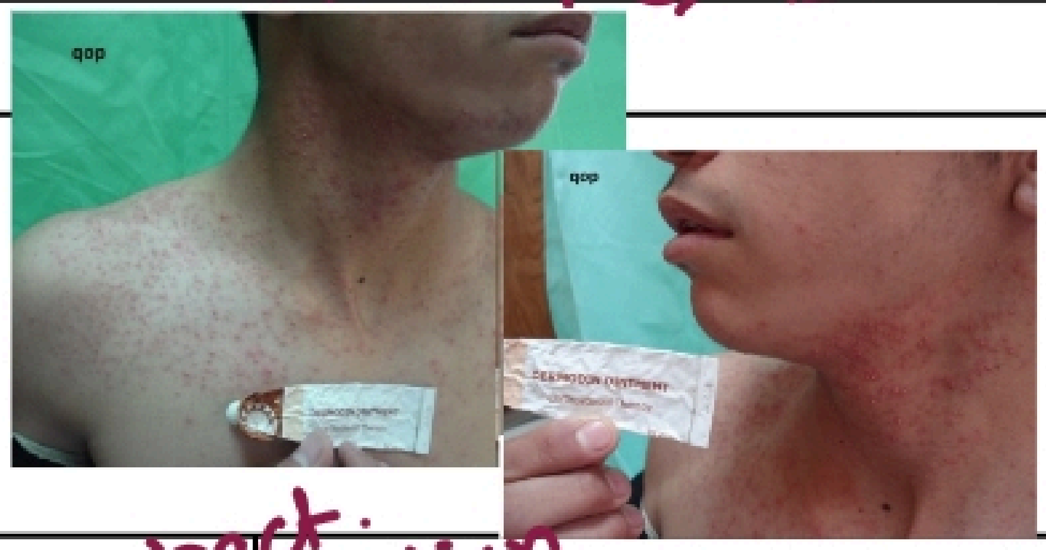
Local Treatment:	Systemic Treatment:
1. Local Retinoid (**Vit A** Derivatives): Act as ***Comedonolyitic***, (Salicylic acid Can be Used in Oily Acne). **2.** Benzyl Peroxide:→ ***Anti-Bacterial*** Also ***Comedonolytic*** ***S\E of Benzyl Peroxide:*** Dryness, Erythema, Scaling, Contact Dermatitis. So→ Use Emollient with it. we use this firstly for 1 months. **3.** Local Anti-Biotic: Erythromycin or Clindamycin at Day or Combined with Benzyl Peroxide at Night. **4.** Azelaic acid: (Natural Di-Carboxylic acid) **20%** Act on Inflammatory & Non Inflammatory Acne, Also ***Decrease Hyper-Pigmentation.***	**1.** Systemic Anti-Biotic: -**Tetracycline**→Decrease Free Fatty acid in Sebum. Dose→**500-1000mg**\Day**6** Weeks (on Empty Stomach). ***S\E:*** GIT Upset, Hepato-toxic, Staining of Teeth. **C\I** in Children; Because Irreversible Teeth Colorization. -**Erythromycin** is **D.O.C** in Pregnancy. -If ***Azithromycin*** is used; you need to give it for **3** Days Then Stop it For **10** Days, Then Use for **3** Then Stop **10**. **2.** Systemic Retinoid: Decrease Activity of Sebaceous Gland Ex; Isotretinon, (Dose: **0.5-1**mg\kg\12-16 Weeks). حسب ال Severity Not less than 3 months **3.** Hormonal Treatment: OCP. **4.** Intra-Lesion Steroid: For Deep Nodulo-Cyst. **5.** Chemical Peeling: with Glycolic acid.



- ***Other Types of Acne:***

Androgen Comes from mother.

Infantile Acne:	It is Self Limiting Occur during First Year of Life (**3-12** Months), Common in Face.
Acne Excoriated:	Common in Young Girls, Due to Direct Hand Face Contact.
Drug Induced Acne:	It has ***No Comedone***. & site is in chest & Back "rarly in face"
Steroid Induced Acne:	Occur after **2** Weeks of Steroid use.

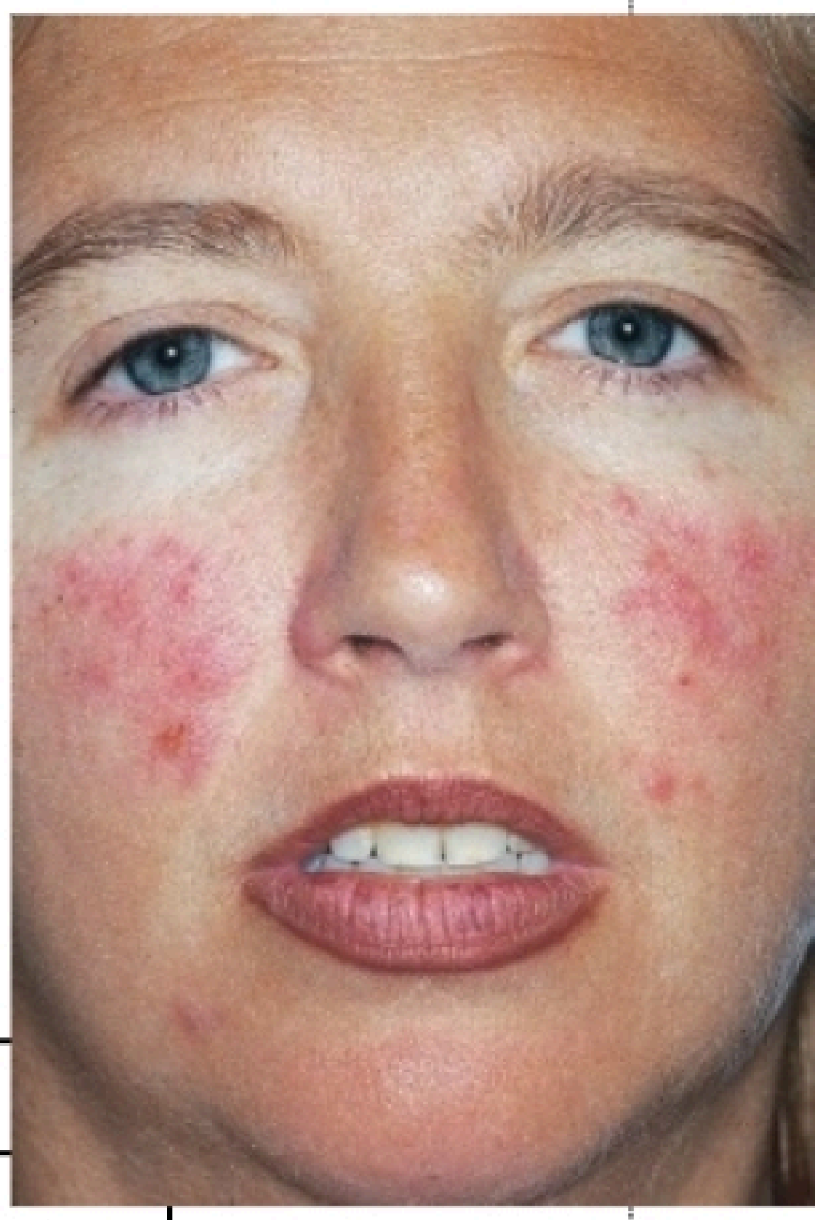


- ***Sever Types of Acne***:

	Acne Conglobata:	***Acne Fulminans:***
	Inflammatory Sever form of Comedone with large abscess, Cyst, Nodule Heals with Scar. It is Chronic, Un-Remitting Course, Commonly Seen in Face & Trunk, (***M>F***). -2ry bact. infection	Affect Boys Mainly between **13-17** Years Old, Usually Face Not involved.
Clinical Picture	Nodulo-Cyst Acne Associated Fever, and Leukocytosis. 2ry bact. infection	Nodulo-Cyst, Ulcer, Asso- with Fever, Arthralgia, Myalgia and Leukocytosis.
Complication	**1.** Emotional Disturbance, **2.** Scarring & Keloid, **3.** Squamose Cell Carcinoma.	Same
Investigation	CBC→High WBC, Normocytic Normochromic Anaemia + Swab for Culture & Sensitivity.	CBC→High WBC (>30,000), X-Ray at Site of Bone pain→Osteolytic Lesion. significant leukocytosis
Treatment	Systemic Retinoid + Anti-Biotic + Steroid to Improve Inflammatory lesion More Fast. Grade III Low dose, Intralesional	Systemic Retinoid + Anti-Biotic + Steroid , (Also Intra-Lesion Steroid)

Rosacea

Chronic Inflammatory Acne form Disorder of ***Pilosebaceous Follicle*** Characterized by: Papules, Pustules, Sebaceous gland Hyperplasia, Normal Sebum Production, Telangiactasia (Dilated Dermal Blood Vessels), But ***NO Comedone***.



Common in age between **30-50** Years Old, (**F>M**), Exacerbated by Sun Light.

- **Site:** Central Face Cross Distribution in Forehead, Cheeks, Chin.

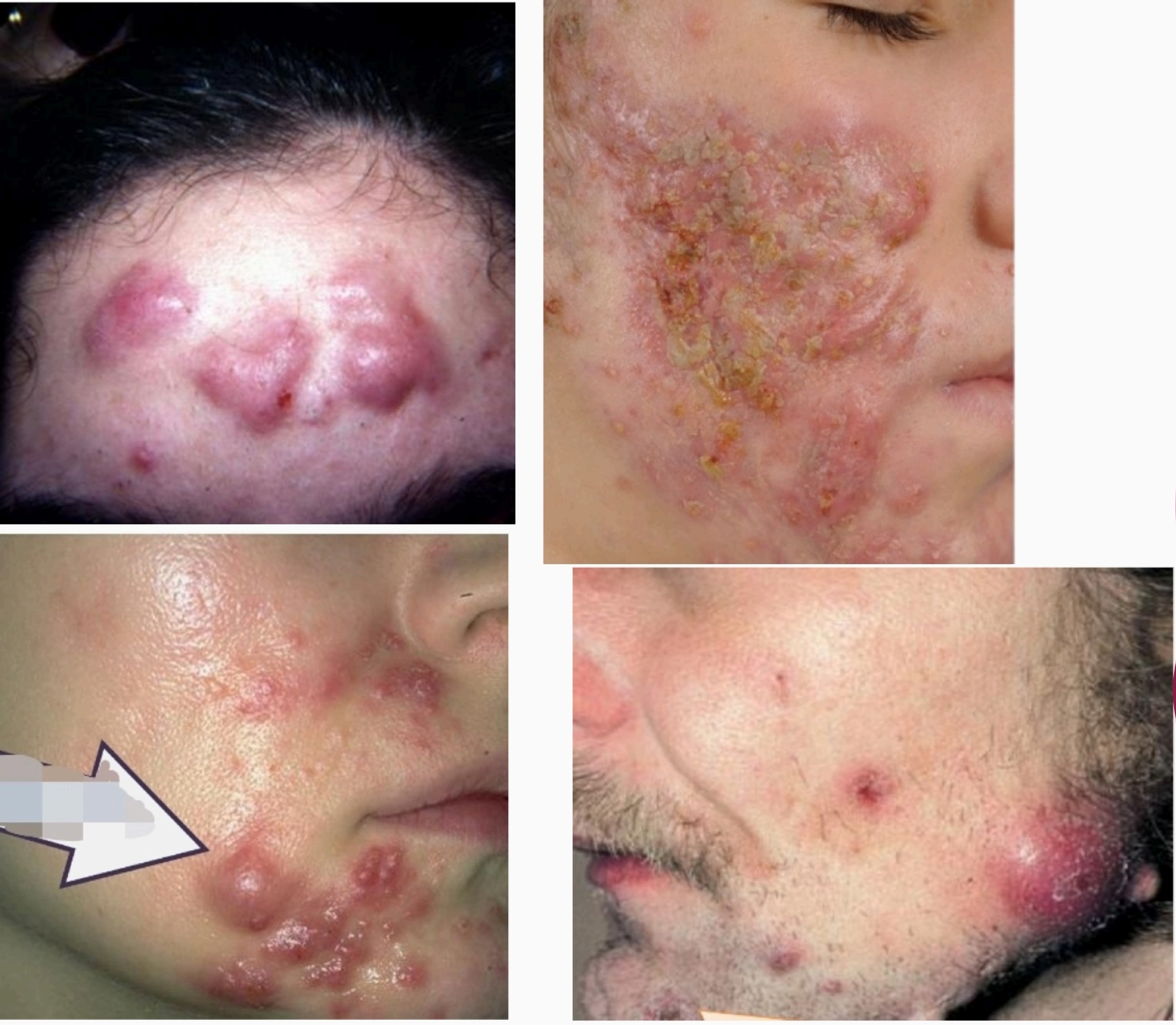
- **Treatment:** flare up by sun light

Avoid Sun Light + Metronidazole Cream + Systemic Anti-Biotic + Systemic Retinoid.

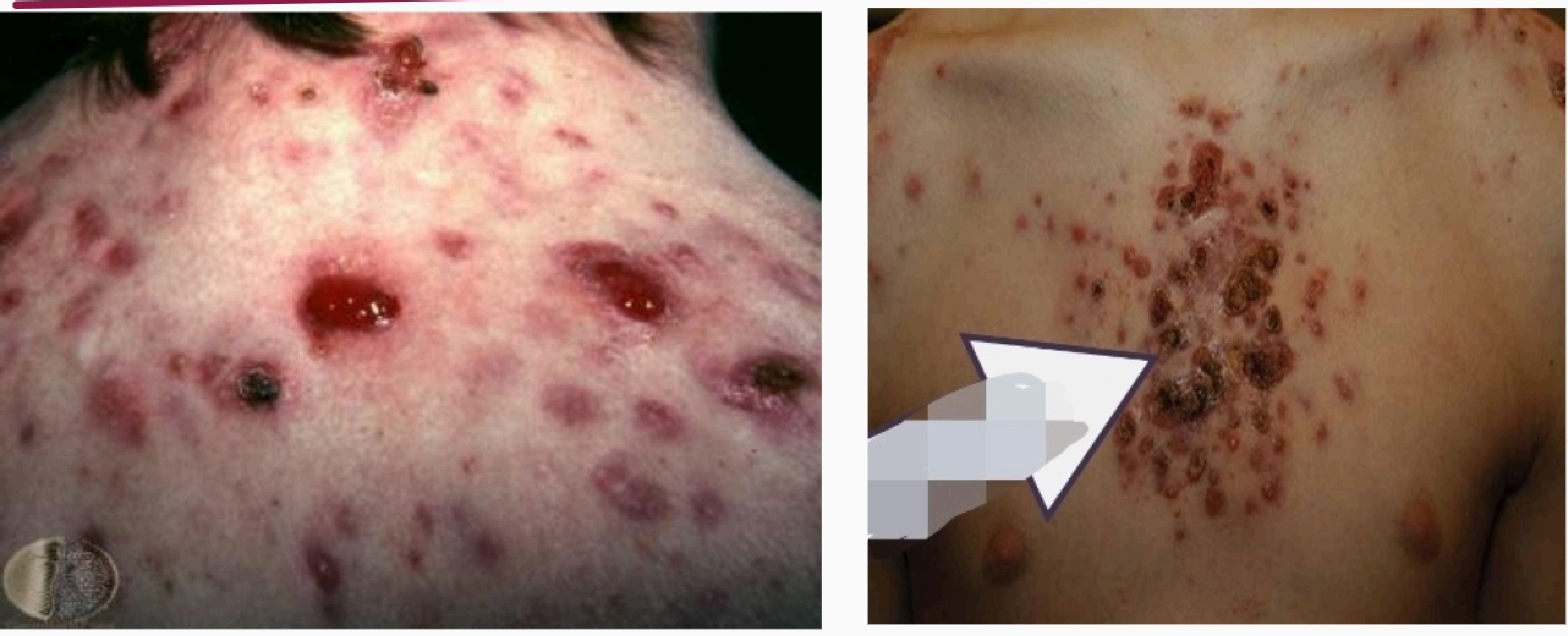
Rosacea	***Acne***
Limited in Face	Face, Chest, Shoulder
Telangiectasia	**No** Telangiectasia
No Comedone	Comedone
Normal Sebum Production	High Sebum Production
Age Between **30-50** Years Old	Age Between **12-20** Years Old
Female **>** Male	Male **>** Female

magnify تظهر بال lens. → Telangiectasia

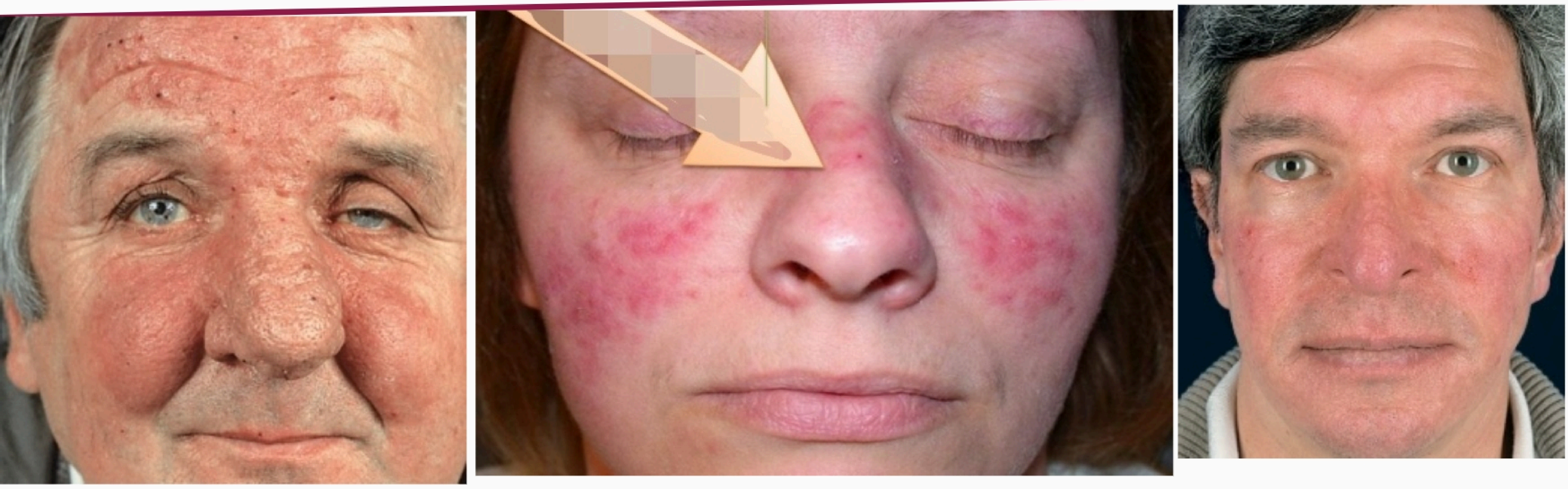
Complication:- Blephritis, Red eye « itis »
Odema around the eye, Rhinophyma "over growth of soft tissue of Nose. mostly in ♂"



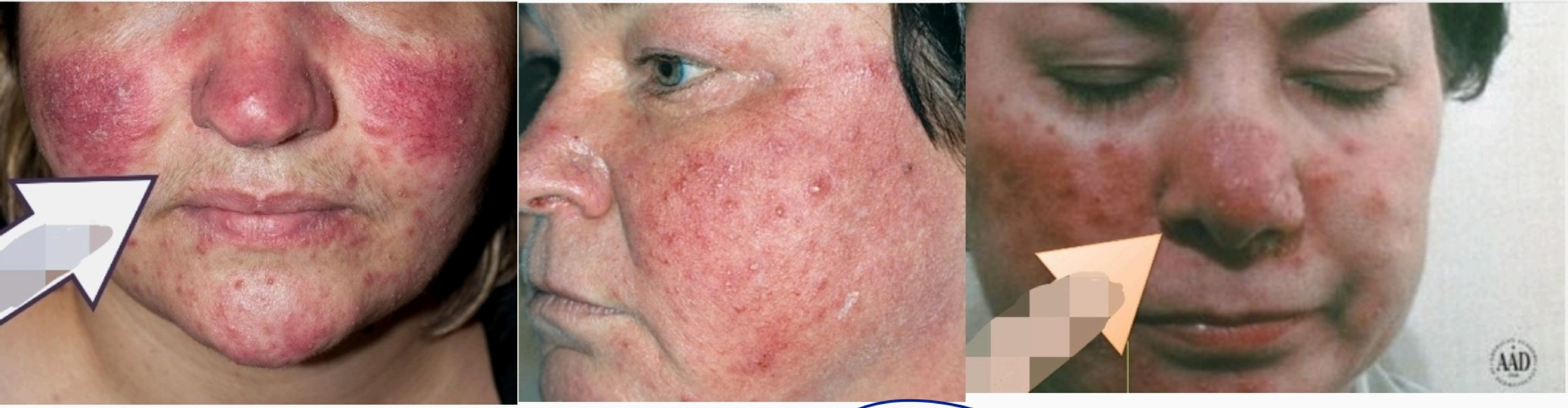
Acne Conglobata



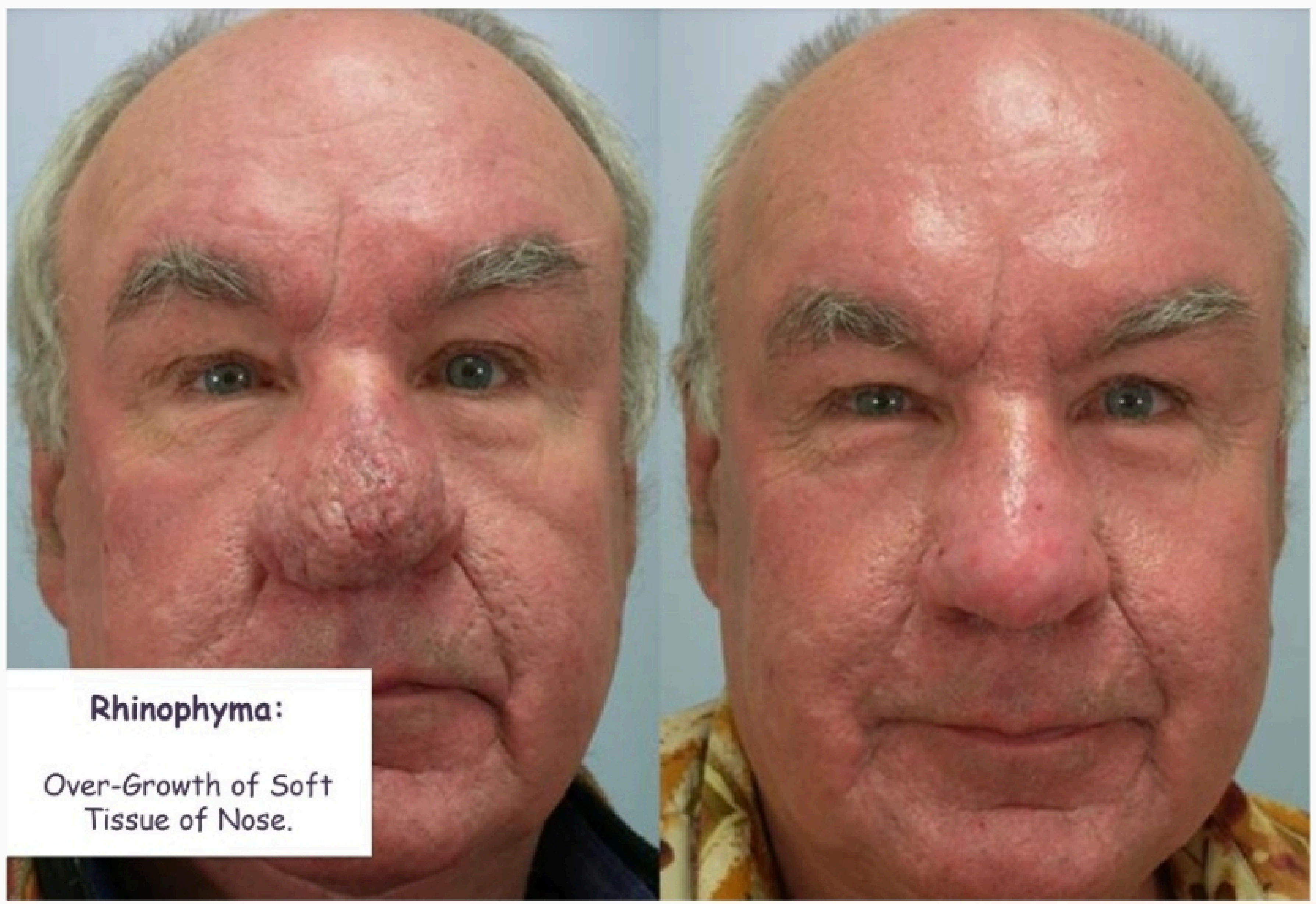
Acne Fulminant



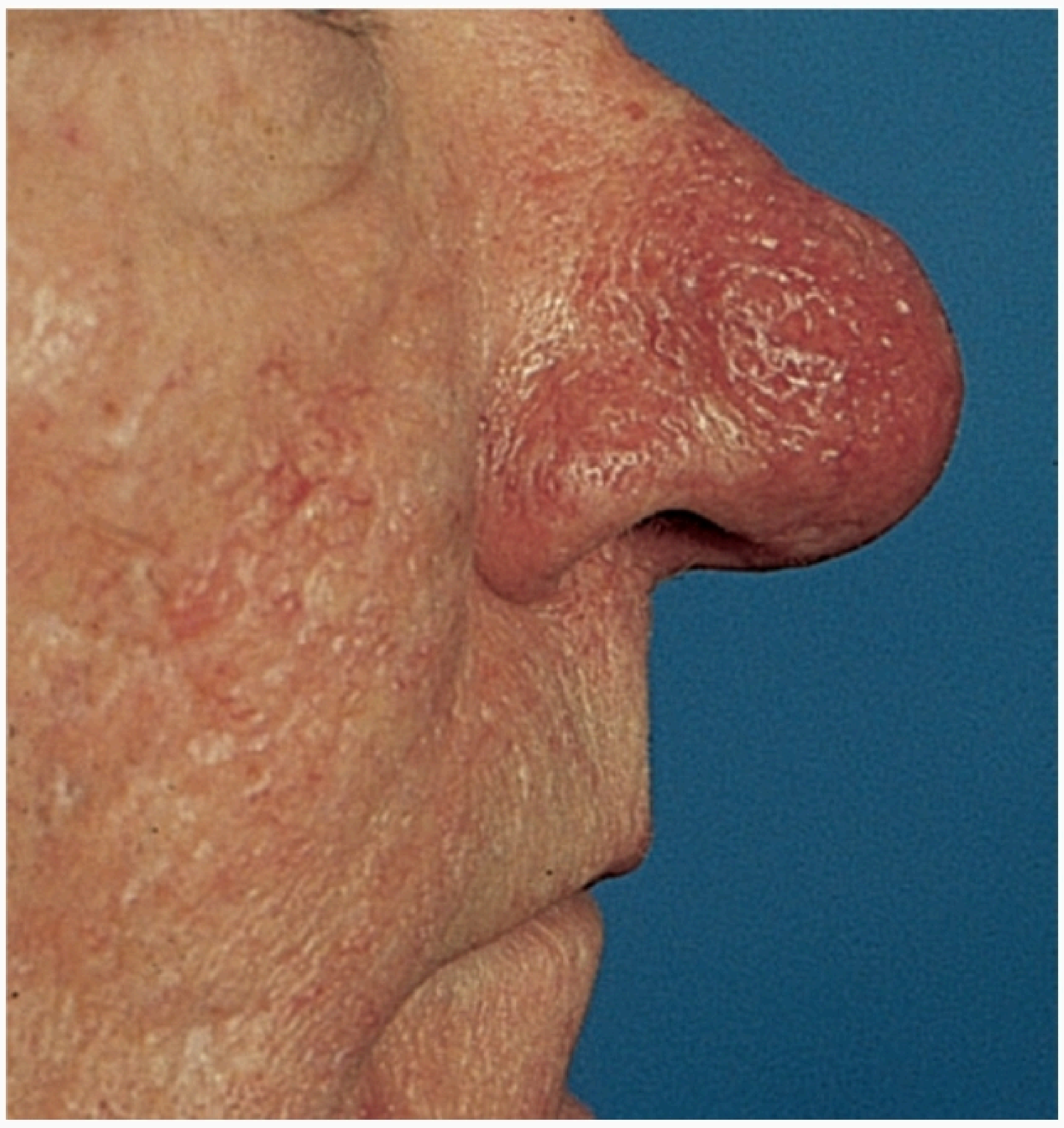
Rosacea

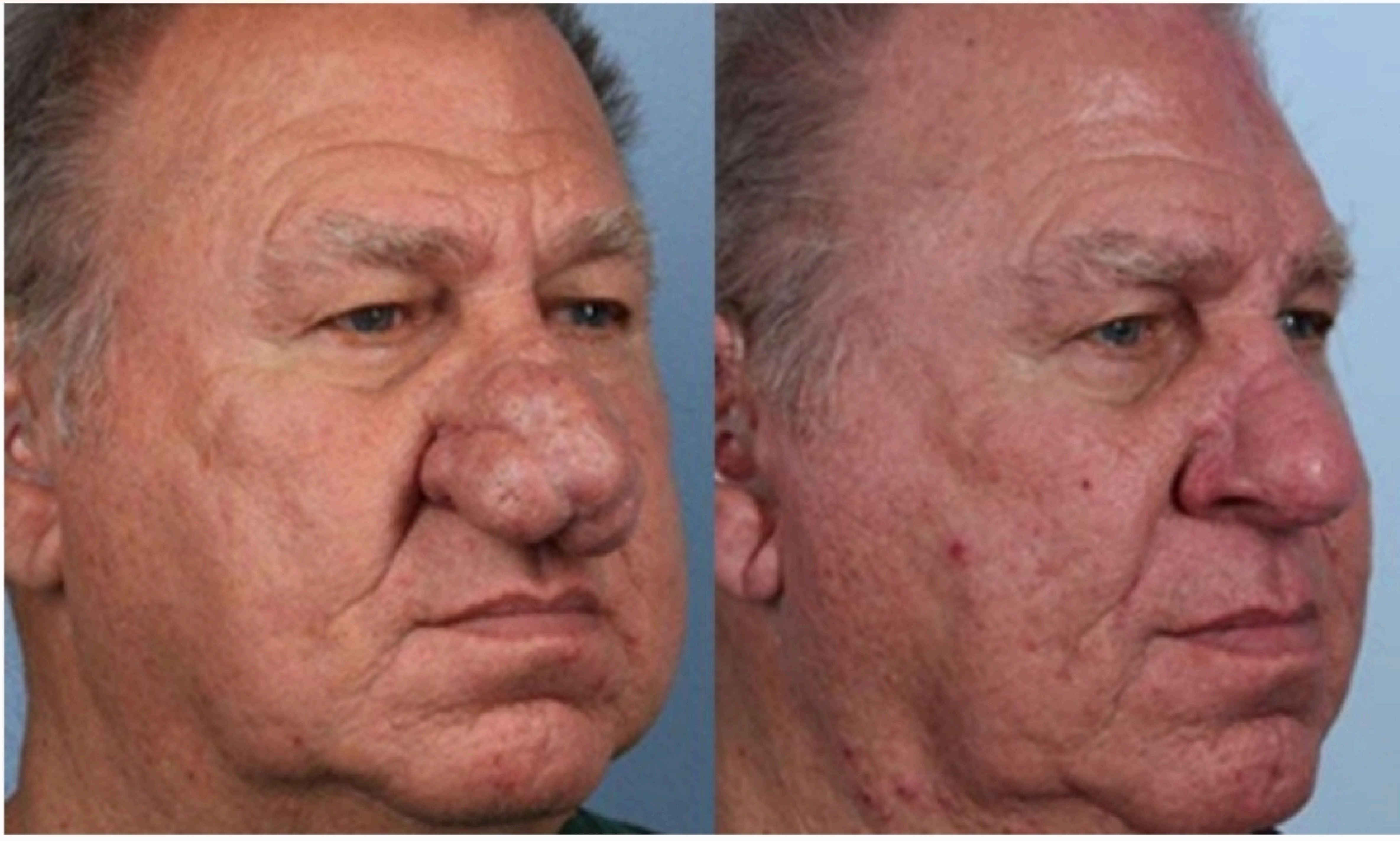


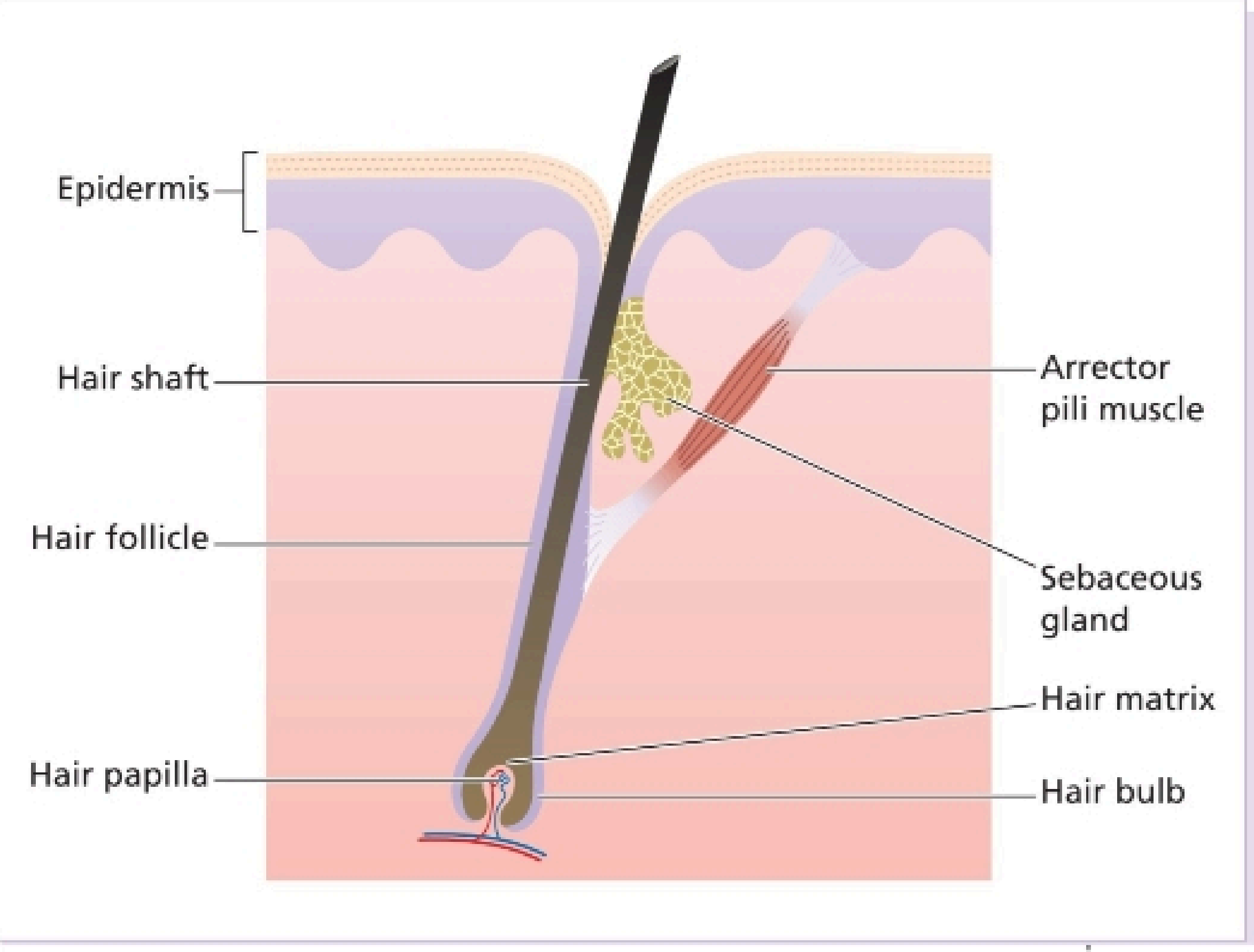
Rosacea


Rhinophyma:
Over-Growth of Soft Tissue of Nose.

Rhinophyma
Tt : Laser ablation






Epidermis
Hair shaft
Hair follicle
Hair papilla
Arrector pili muscle
Sebaceous gland
Hair matrix
Hair bulb

Hair

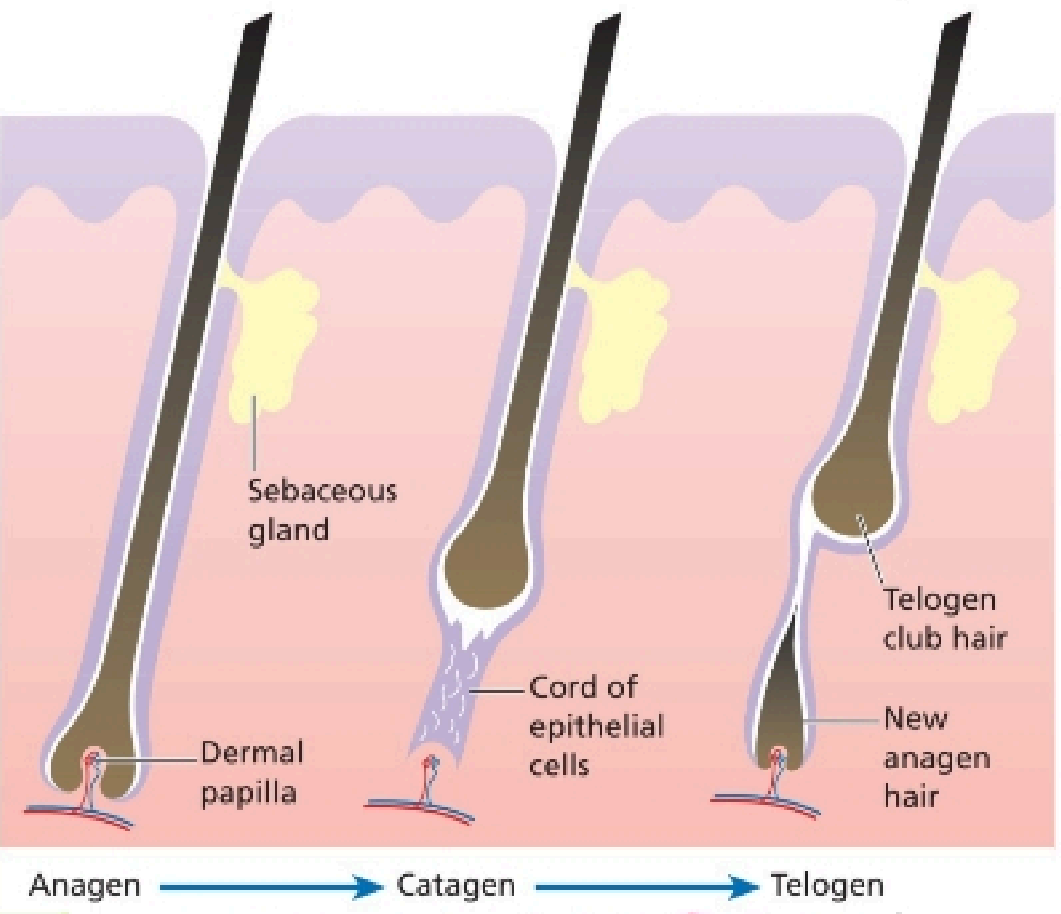
يحافظ ع درجة حرارة الطفل

- **Types of Hair**:

1- ***Lanugo Hair***: Fine, Long Hair Covering Fetus, Shed One Month after Birth.
2- ***Vellus Hair:*** Fine, Short, Un-Medullated Hair Covering much of the Body Surface.
3- ***Terminal Hair:*** Long, Coarse, Medullated Hair Seen in Scalp & Pubic region.

- **Hair Growth Cycle** (Phases of Follicular Activity):

1- ***Anagen*** → Active Phase of Hair Production (**2-4** ~~Days~~ years).
2- ***Catagen*** → Conversion from Active Growth to Resting Phase (**1-2** Weeks).
3- ***Telogen*** → Resting Growth Phase (**5-6** Weeks).


Sebaceous gland
Dermal papilla
Cord of epithelial cells
Telogen club hair
New anagen hair
Anagen
Catagen
Telogen

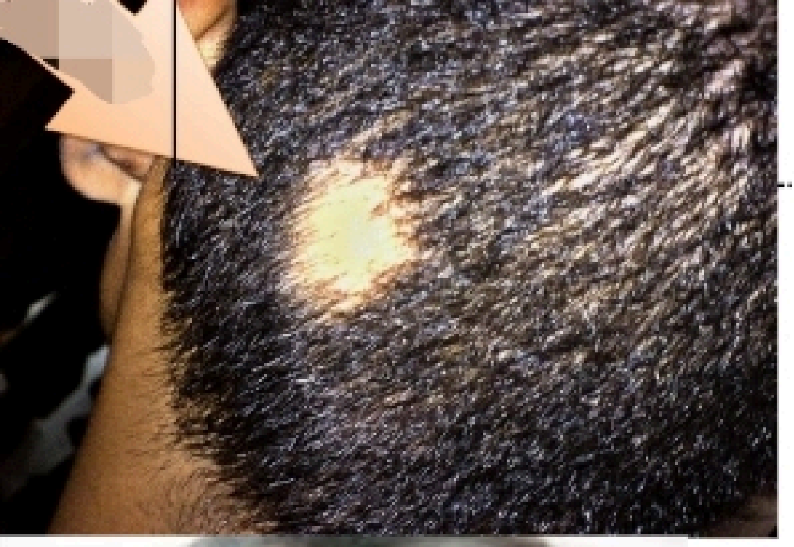
Hair growth cycle

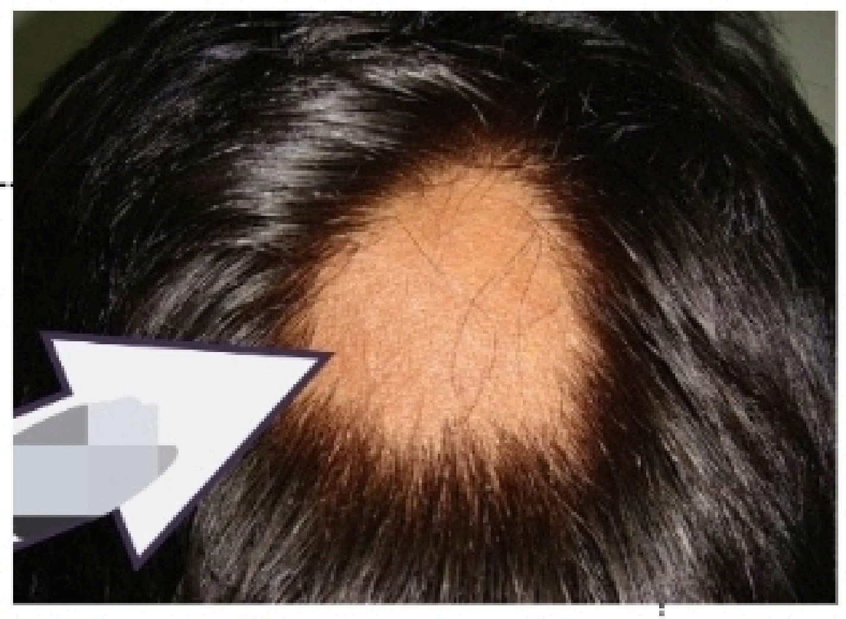
- Average Hair Number on Scalp → **100,000** Hair.
- About **85%** of Hair is Normally in Anagen & **15%** in Telogen.

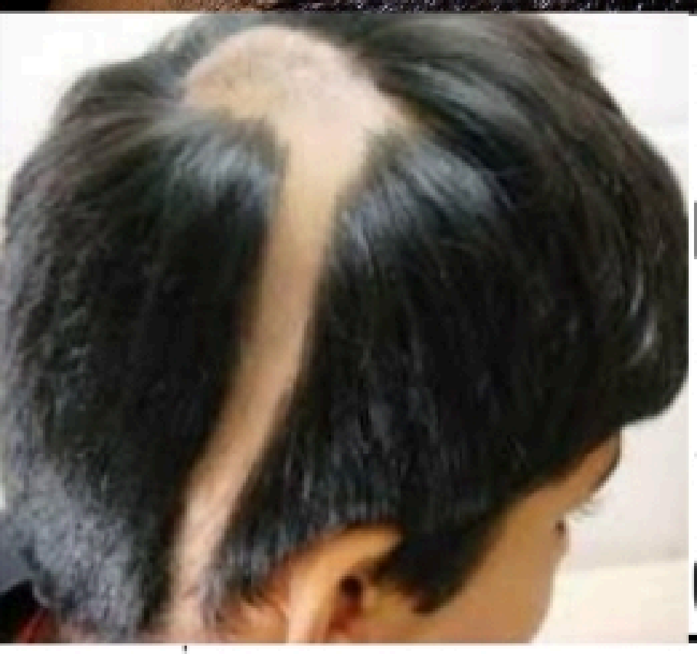
Alopecia (Hair Loss)

- **Types & Causes of Alopecia:**

Localized Alopecia		***Diffuse Alopecia***
Non Scarring	***Scarring*** (Cicatrital)	
1- Alopecia Areata. الثعلبة **2-** Tractional Alopecia. **3-** Hair Pulling Habit. **4-** Trichotillomania. **5-** Non Inflammatory Tinea Capitis. أذكرهم **6-** Androgenic Alopecia (Male Pattern Alopecia). **Also:** Scalp Psoriasis.	***1- Inflammation:*** Lichen Planus, Bullous Pemphegoid, Discoid Lupus, Scleroderma, Sarcoidosis. ***2- Infection:*** **Bacterial**→ Furuncle, Carbuncle. **Fungal**→ Kerion, Favus. "Inflammatory Tinea Capitus" **Viral**→ Herpes Zoster. ***3- Genetic:*** Lamellar Ichthyosis. ***4- Physical:*** Burns, Trauma, Chemical. **5- Malignancy.**	***1- Endocrine Disorders:*** Hyperthyroidism, Hypothyroidism, Hypoparathyroidism, Hypopituitarism. ***2- Drugs:*** Chemotherapy, Immuno-suppressant Drugs (**Cyclosporine**), Cytotoxic Drugs (**Cyclophosphamide**), Retinoid (**Excess Vit A**), Anti-Coagulent (**Heparin**), Colchicine. ***3- Diseases:*** SLE, Malnutrition, Stress.







* *Alopecia Areata*:

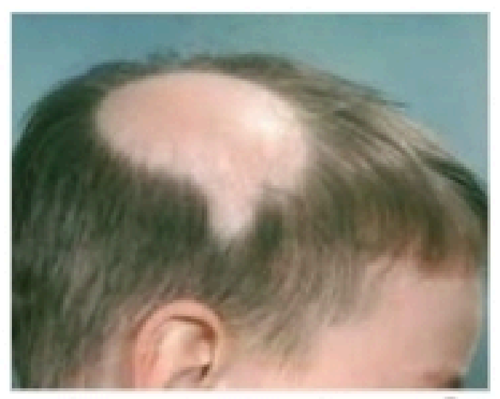
It is Recurrent, Non Scarring Type of Hair loss Due to Emotional & Psycological Stress.

- Patho-physiology:

Unknown, But Most accepted Hypothesis is **T-Cell** Auto-Immune Occur in Genetically Susceptible Individual.

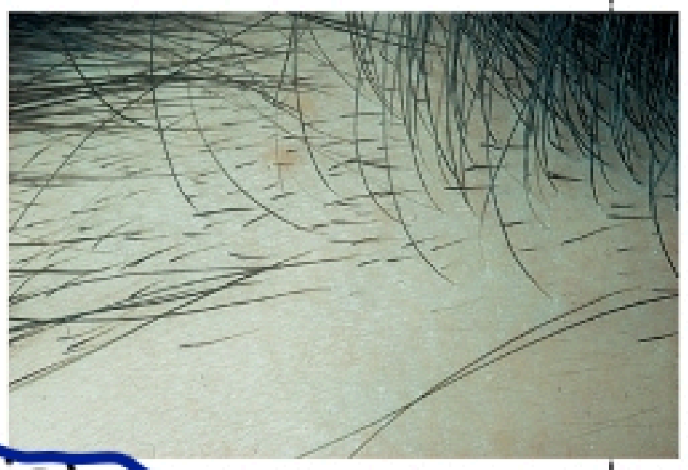
Can Occur in All Races and any Age, But Peak Age incidence appears in **15-29** Years Old.

- Clinical Picture:

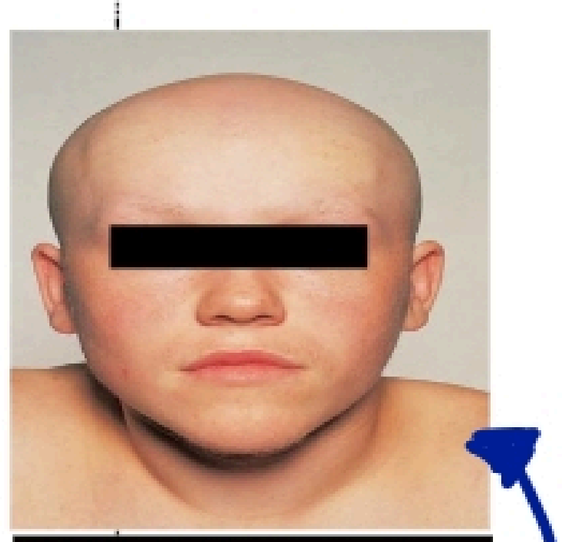


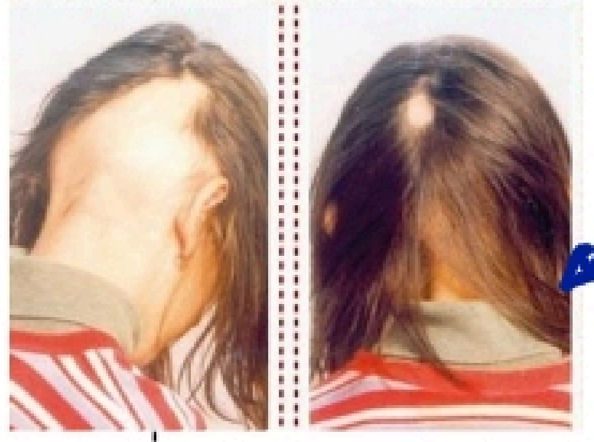
- **20%** Asymptomatic.
- **80%** of Patient had Single Patch of Hair Loss, Smooth, Normal Colored or Slightly Erythematous, **NO Scales**, **NO Signs of Inflammation**.

Note/ Exclamation-mark hair :- short broken hair in the area of hair Loss



- Clinical Types of Alopecia Areata:



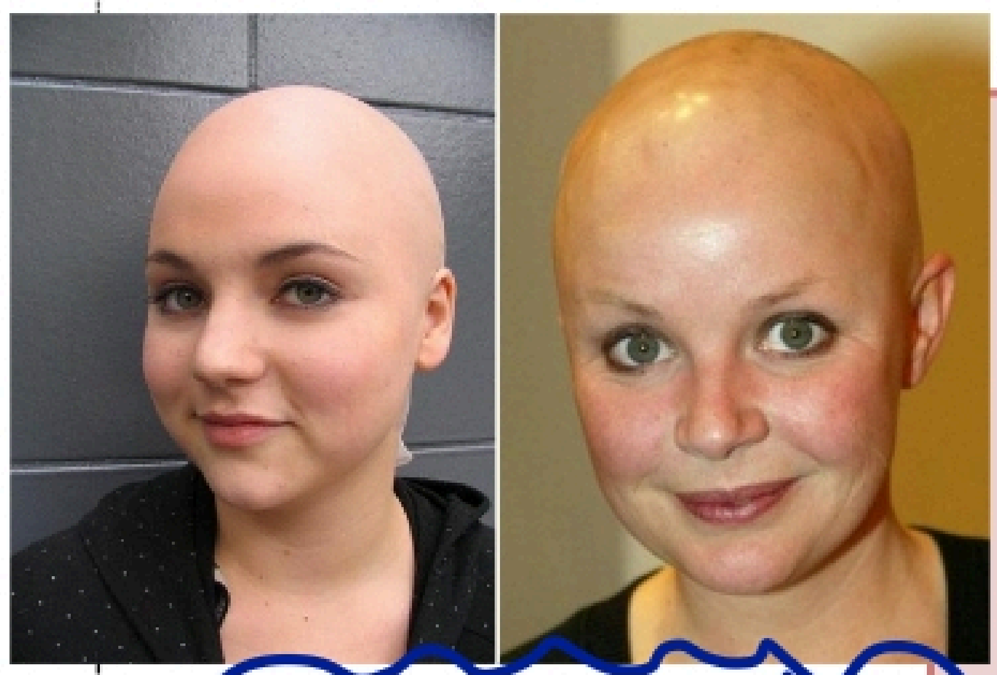


1- ***Alopecia Totalis***→ Complete Loss of Scalp Hair.

2- ***Alopecia Universalis***→ Loss of Hair All Over the Body.

3- ***Ophiasis Pattern***→ Loss of Hair at Margin of Scalp "Behind Ear", (Very Bad Prognosis).

Alopecia Areata may Associated with: Atopic Dermatitis, Vitiligo, DM Type I, Thyroid Diseases, Down Syndrome, Mysthenia Gravis, Emotional & Psychological Disorders.



A. Totalis

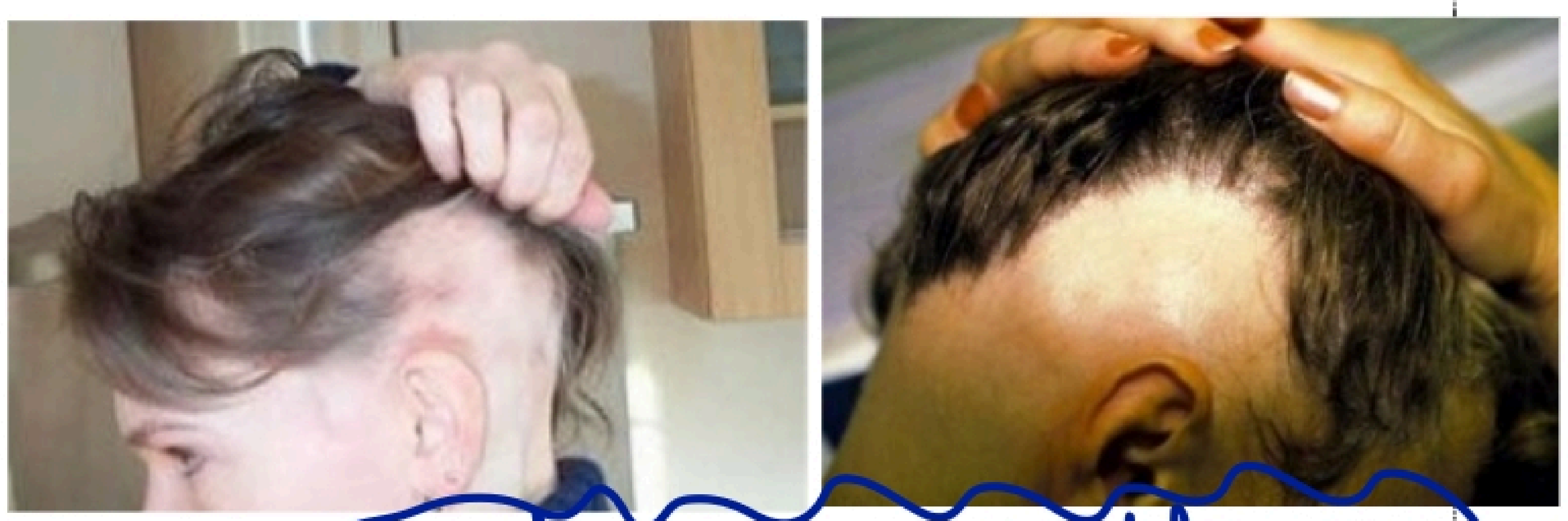
Bad Prognostic Feature of Alopecia Areata:

1- Alopecia Totalis or Universalis.
2- Ophiasis Pattern.
3- Nail Changes.
4- Young Patient before Puberty.
5- If Associated with Atopy or Down Syndrome.

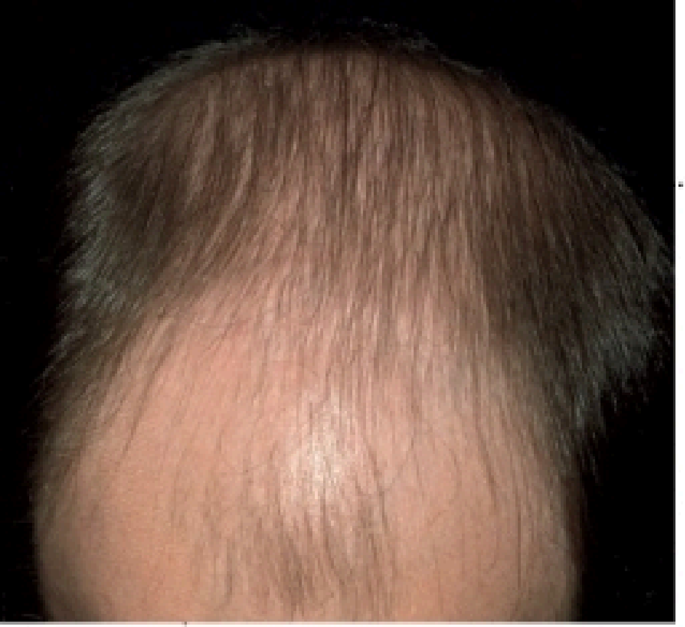
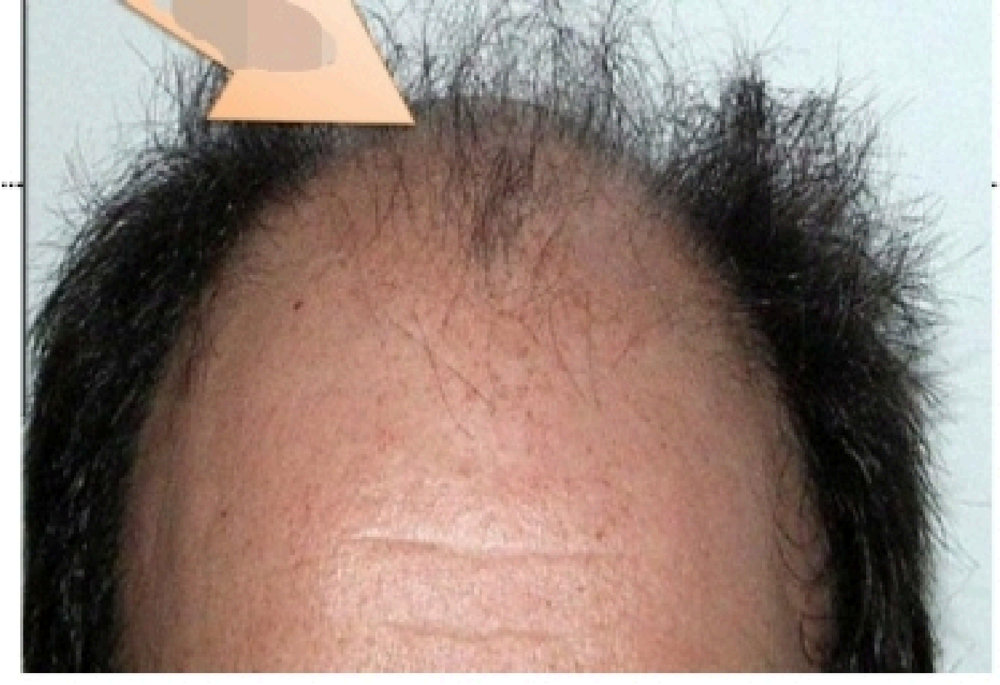
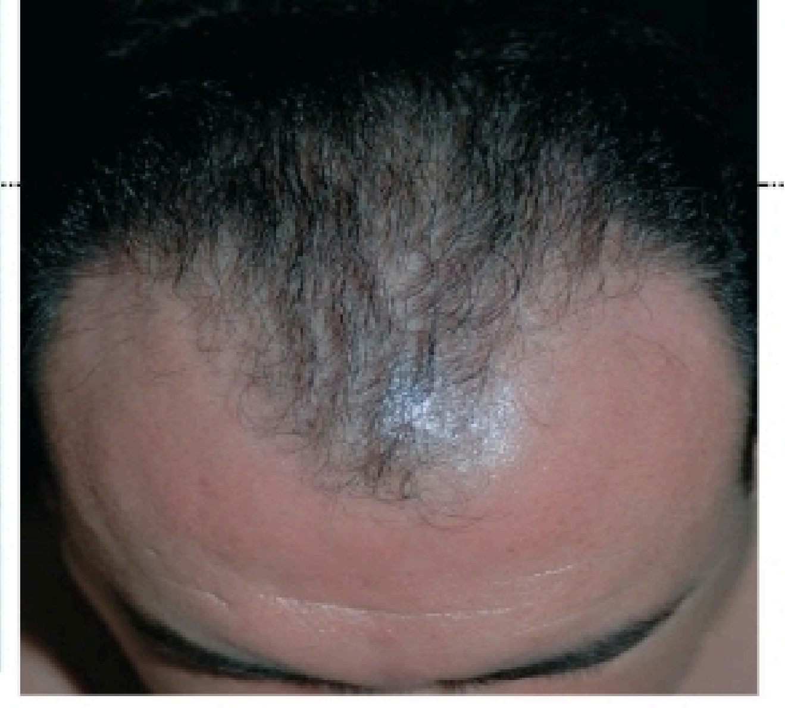
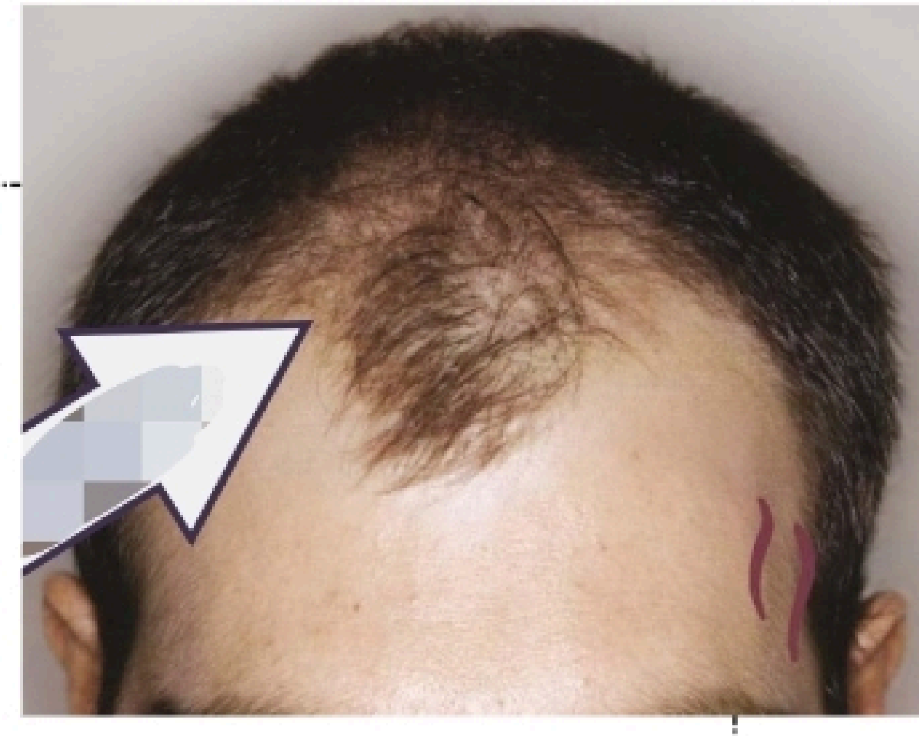
A. Universalis

- Treatment of Alopecia Areata:

1- Reassurance Because Spontaneous Remission is Common.
2- Topical Steroid or Intra-Lesion Steroid.
3- Tacrolimus.
4- Topical Immuno-Therapy.
5- Cyclosporin.
6- Dithranol.
7- PUVA May Used.
8- Minoxidil.

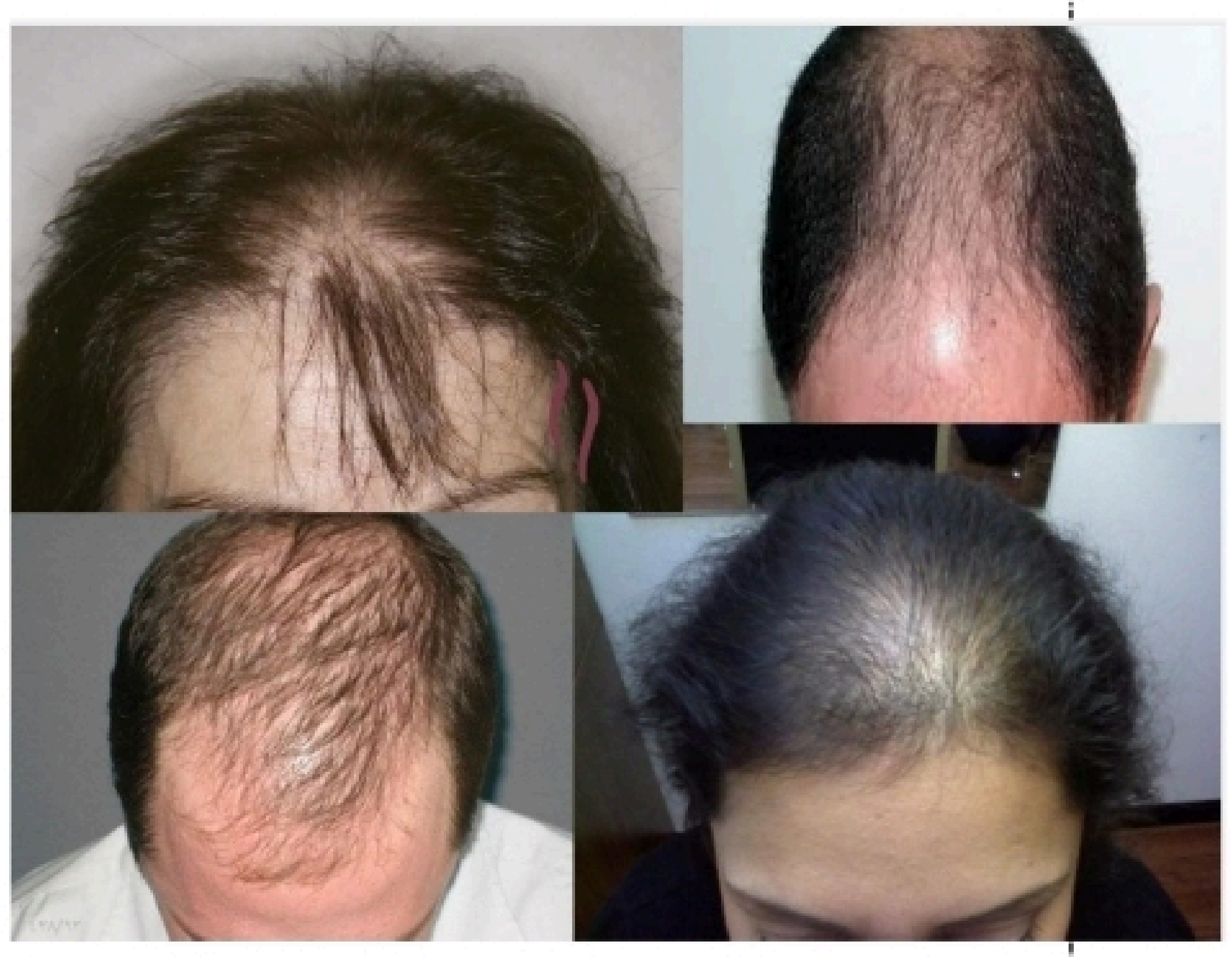


Ophiasis patteren

* *Androgenic Alopecia*:

It is Male Pattern Boldness, Can Occur in Female after Menopause.



- Causes:

1- Genetic.

2- Age: in Male→ **20-30** Years Old. In Female→ **40-50** Years Old.

3- Action of Androgen on Hair Follicles.

- Clinical Picture:

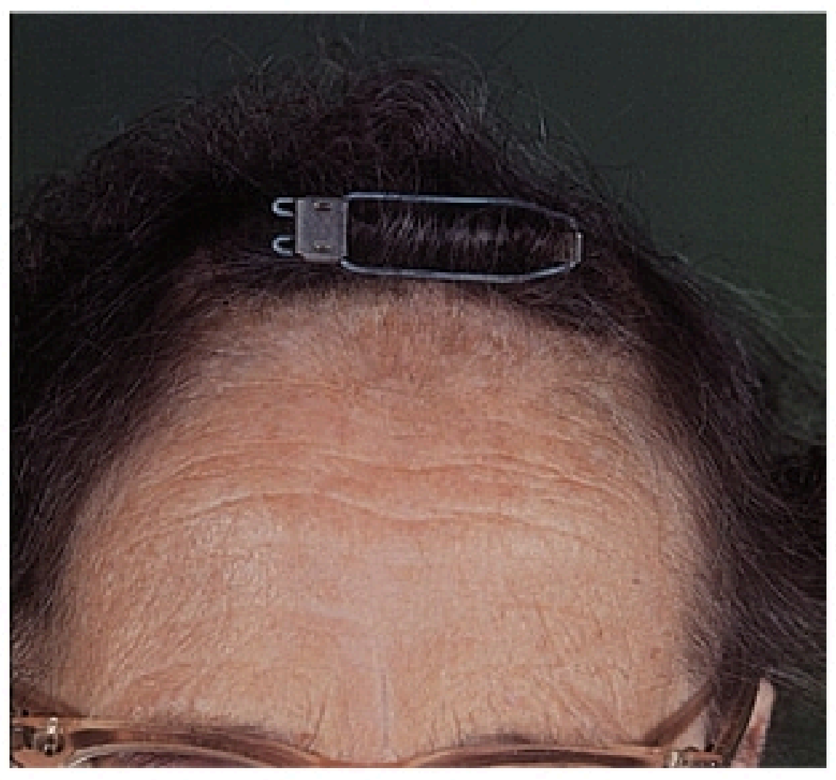
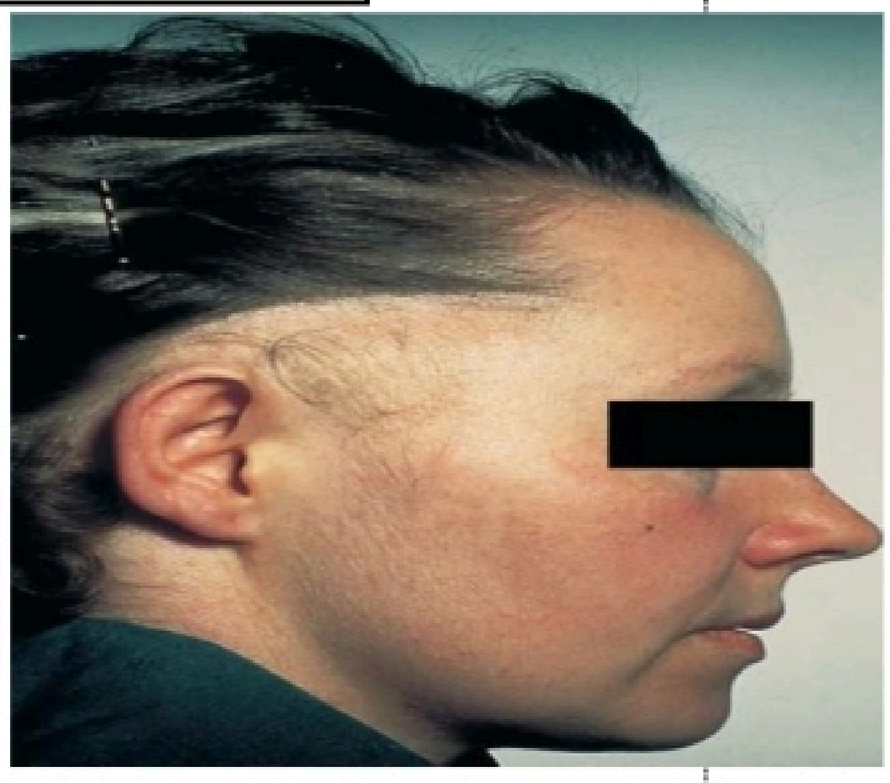
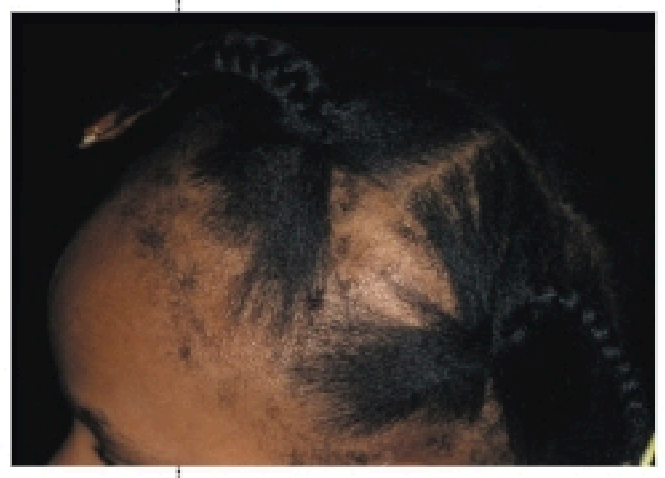
Start in Temporal area or Fronto-Temporal Then Crown.

Due to Reduction in Length of Anagen Phase (Hair Growth), The Hair Gradually become Shorter & Finer → Then the Hair Do not Re-Grow & Hair Follicle Close →Terminal Hair Replaced by Vellus Hair.

- Treatment:

Topical Minoxidil Lotion.

Advantages of Minoxidil:	*Disadvantages of Minoxidil:*
1- Reduction rate of Hair loss. **2-** May Stimulate Growth of New Hair.	**1-** Expensive. **2-** Need Long Time. **3-** If Stopped; Newly Hair formed will be Lost. **4-** Anti Androgen in Female.

* *Tractional Alopecia*:

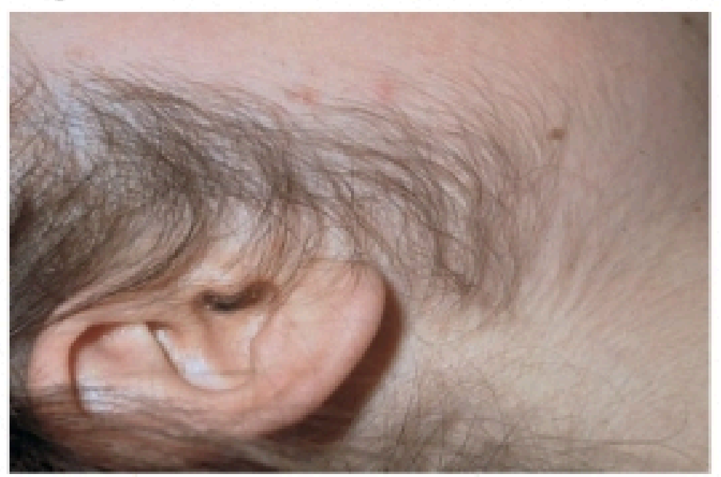
Common Cause of Hair loss Due to Pulling Force.

Common in African & American Women.

Initially it is ***Reversible***,; But Prolonged Becomes ***Permanent***.

Hirsutism: Common in ♀

Excessive Growth of Thick Dark Hair in Location Where Hair growth in Female usually absent or Minimal (in Face, Chest, Areola).



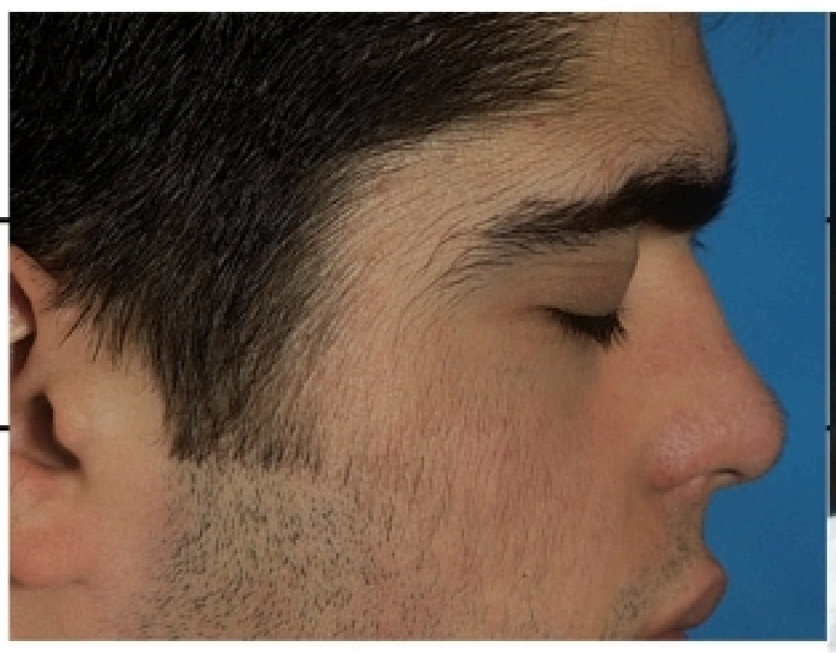
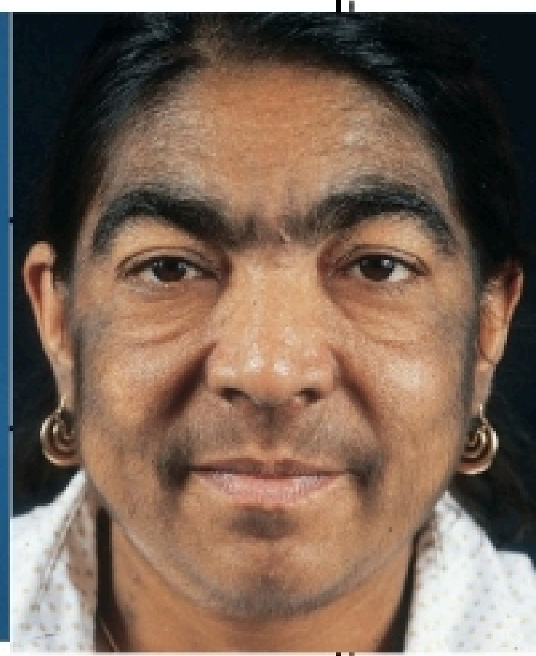
- *Causes:*

-Primary→ Idiopathic→ Familial→ Not Associated with Androgen Excess

-Secondary→ it includes:

Endocrine Causes; Poly Cystic Ovary (**PCO**), Ovarian Tumor, Congenital Adrenal Hyperplasia, Cushing Syndrome, Acromegally, Hyper-Prolctenamia, Hypothyroidism. + Anorexia Nervosa

Drugs; Minoxidil, Steroid, D-Penicillamine, Phenytoin, Psoraline.

Hyper-trichosis: Common in ♂

Excessive Terminal Hair Growth in Non Androgenic Distribution.

- ***Caused Mainly by***; Drugs (Ex; Cyclosporine + Phenytoin), Accompanying with Masculaizing Symptoms & Signs.

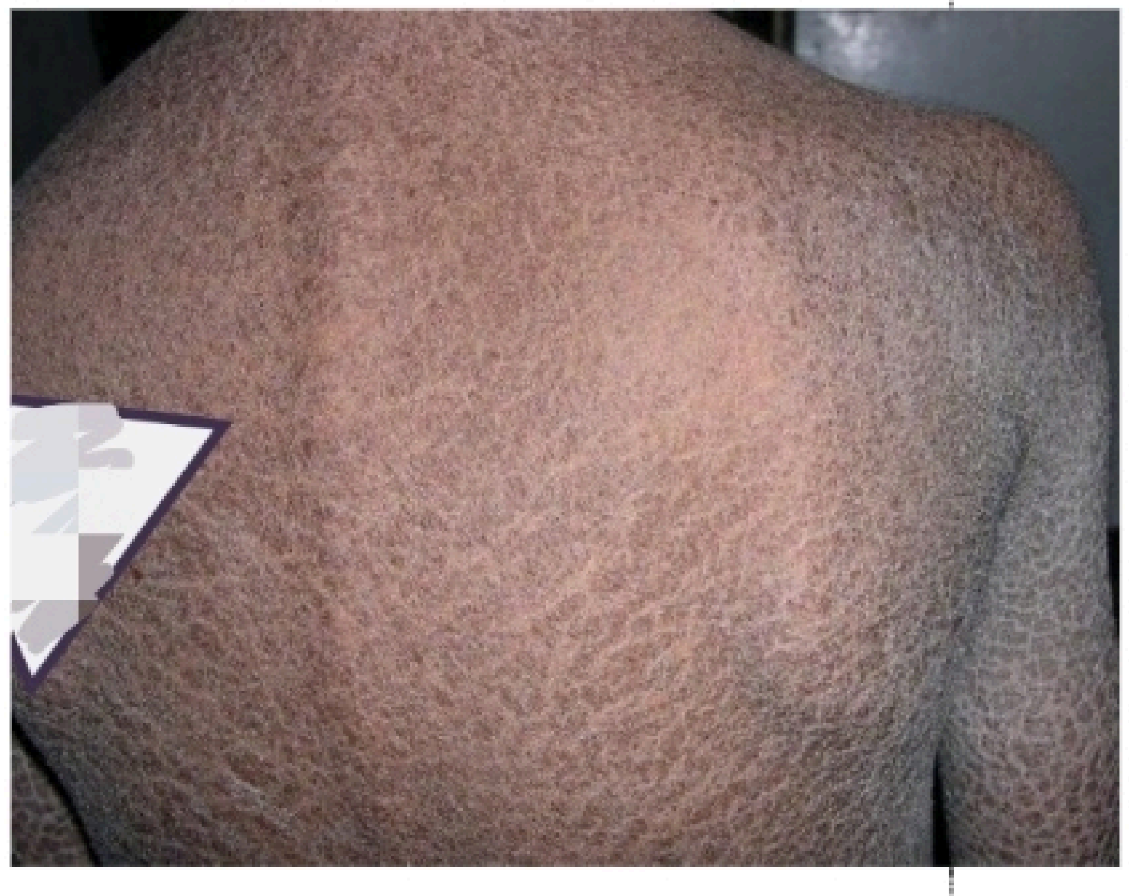
GENO-DERMATOSIS

Geno-Dermatosis are group of Inherited Genetic Skin Conditions. It Includes:

1- Ichthyosis.
2- Neurofibromatosis.
3- Xeroderma pigmentosa.
4- Albinism.
5- Tuberous Sclerosis.
6- Epidermolysis Bullousa.

1- Ichthyosis "جلد الحوت.."

Group of Disorders which Present at Birth or in Early Childhood.
Characterized by→ Chronic, Generalized, Non Inflammatory, Scaling of Skin.
The Term Ichthyosis (**Fish**) Means ***Scaly appearance of Skin***.



- Ichthyosis Vulgaris: ← Best prognosis

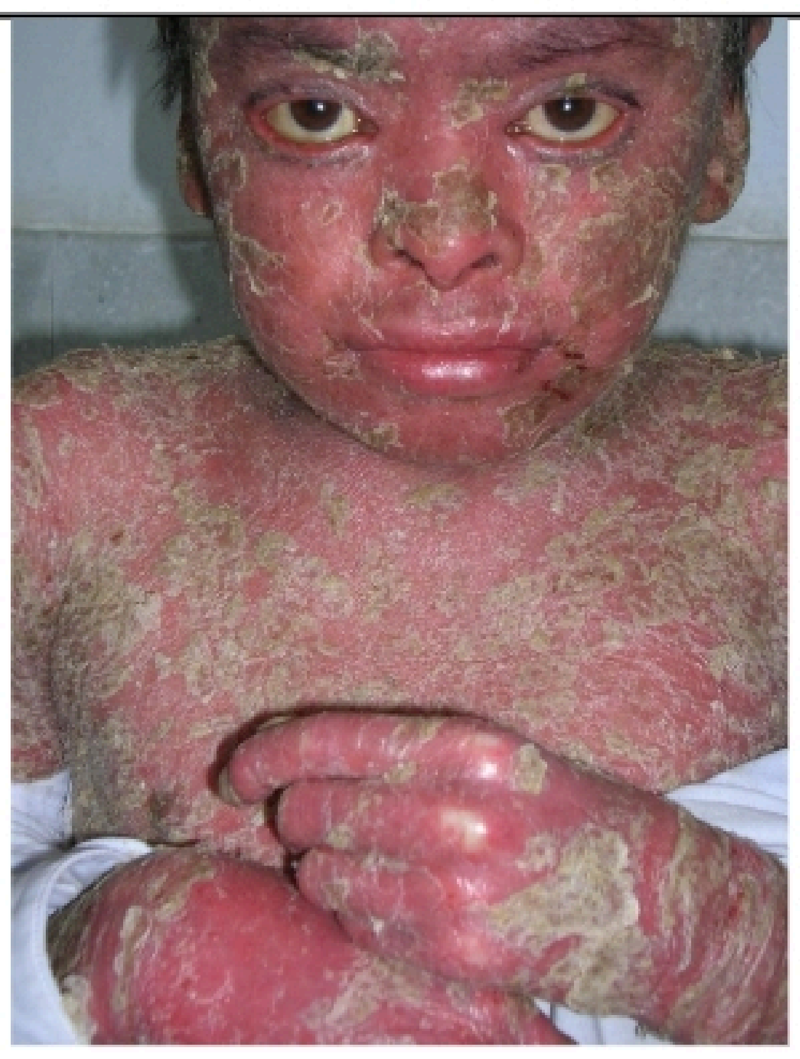
It is Autosomal Dominant.
Most Common Type → **95%**.
Appear in ***Early Childhood*** (Between **3 –12** Months), But the Skin look ***Normal at Birth***.

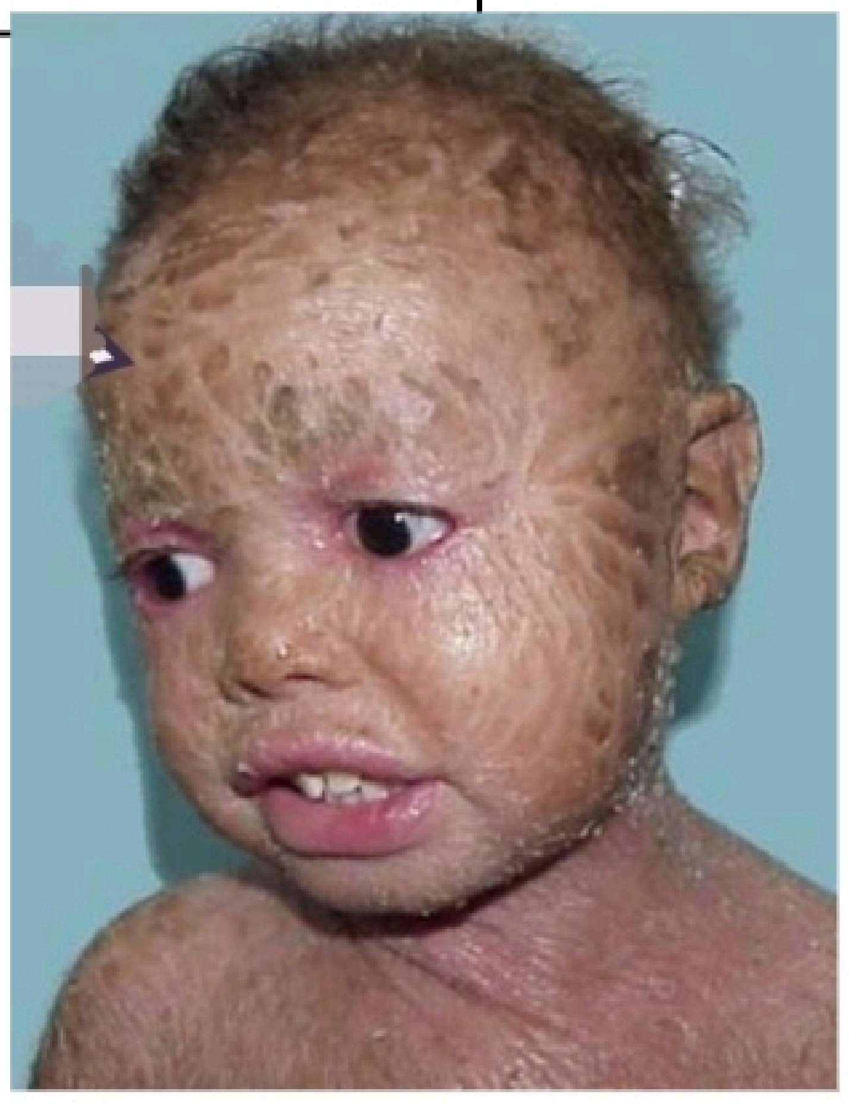
Clinical Picture of Ichthyosis Vulgaris:
Fine Scales appear Mainly in Extensor Surface of Extremities & on the Trunk.

- Associated with Atopy.

***Treatment of Ichthyosis Vulgaris:** Symptomatic ttt

1- Lubricating Cream; (Ex→ **10%** Urea Cream).
2- keratolytic Cream; (Ex→ **3-6%** Salicylic acid).





- Lamellar Ichthyosis: ← worst prognosis

It is an Autosomal Recessive.
Appear at ***Birth*** Presented through Life.
The Newborn is born Encased with Colloid Membrane That Sheds in **10-14** Days Releave Generalized Scaling with Redness of Skin

Clinical Picture of Lamellar Ichthyosis :
Fine Scales or Plate like (**Fish Skin**), Commonly in Flexure Surface.

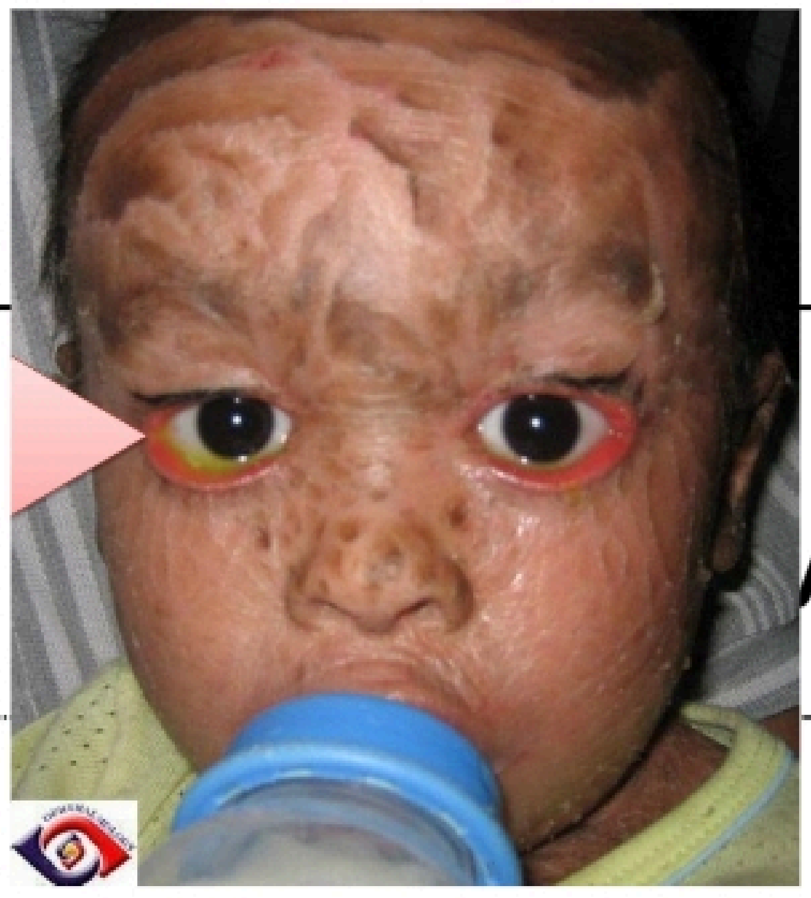
- ➔ Also Presented with ***Scarring Alopecia***, Ectropion, Bilateral Conjunctivitis, Small Deformed Ears & Inflexible Digits.

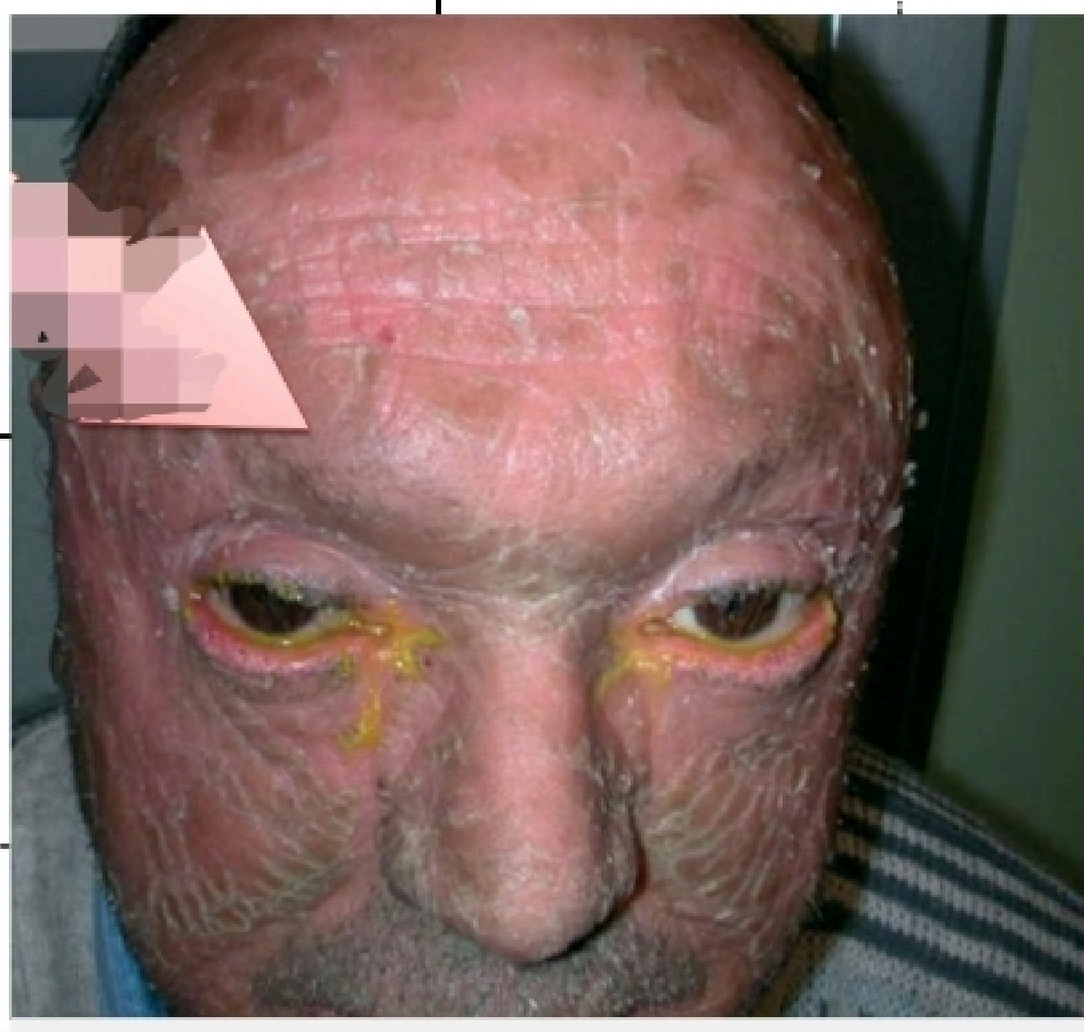
مهمة للتفريق بينها و بين I.vulgaris

- ➔ Also Presented with Nail Abnormality which Includes:

1- Dystrophy with Nail fold Inflammation.
2- Subungual Hyperkeratosis.
3- Long, Transverse Stippling.
4- The Nail grow **2-3** Times Faster Than Normal.

Normally 2 week





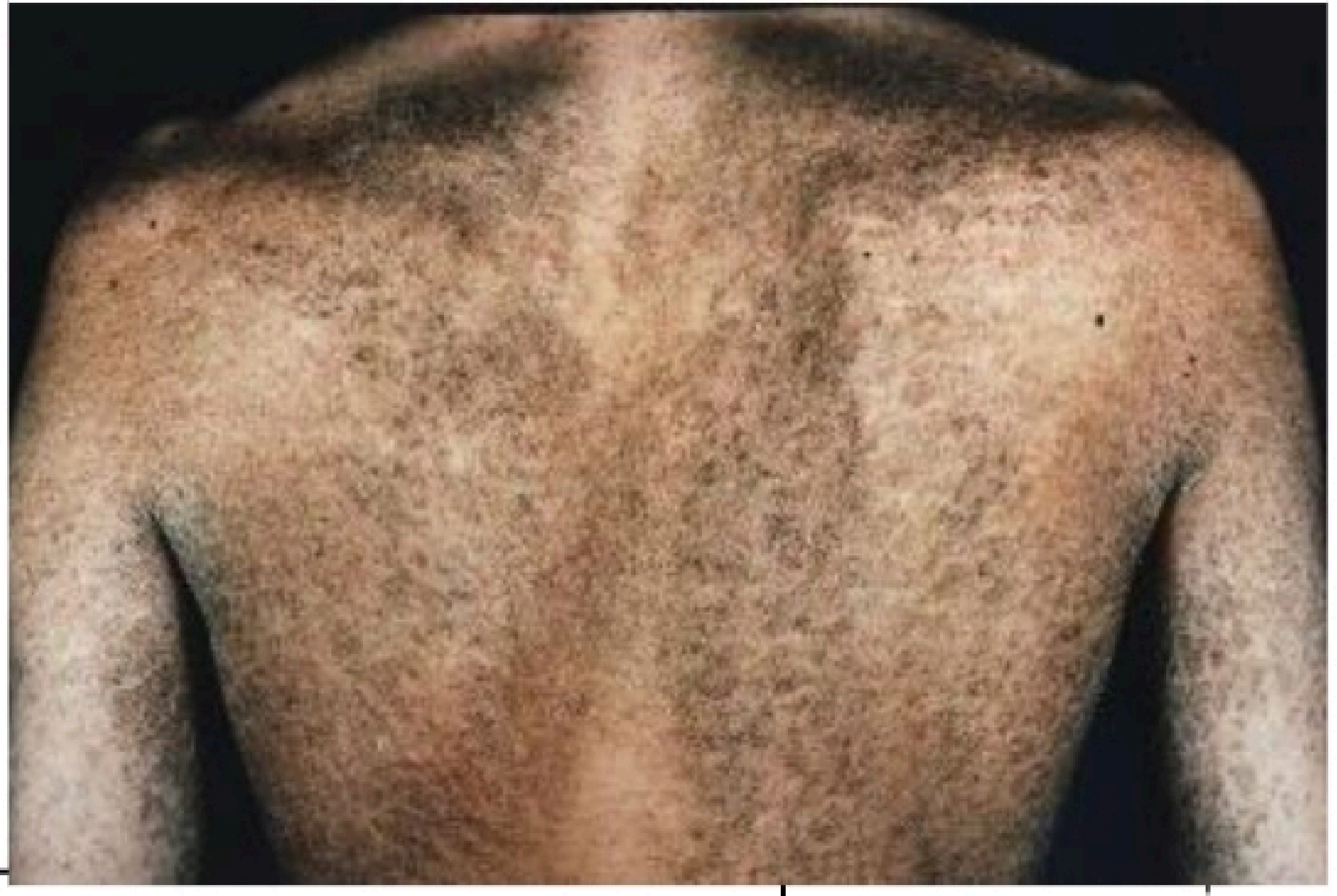
***Treatment of Lamellar Ichthyosis:** Symptomatic ttt

1- Emollients; (Ex→ Vaseline).

2- keratolytic Cream; (**10 – 20%** Urea Cream).

3- May Retinoid Used.

4- treat Ectropion



Darkscales

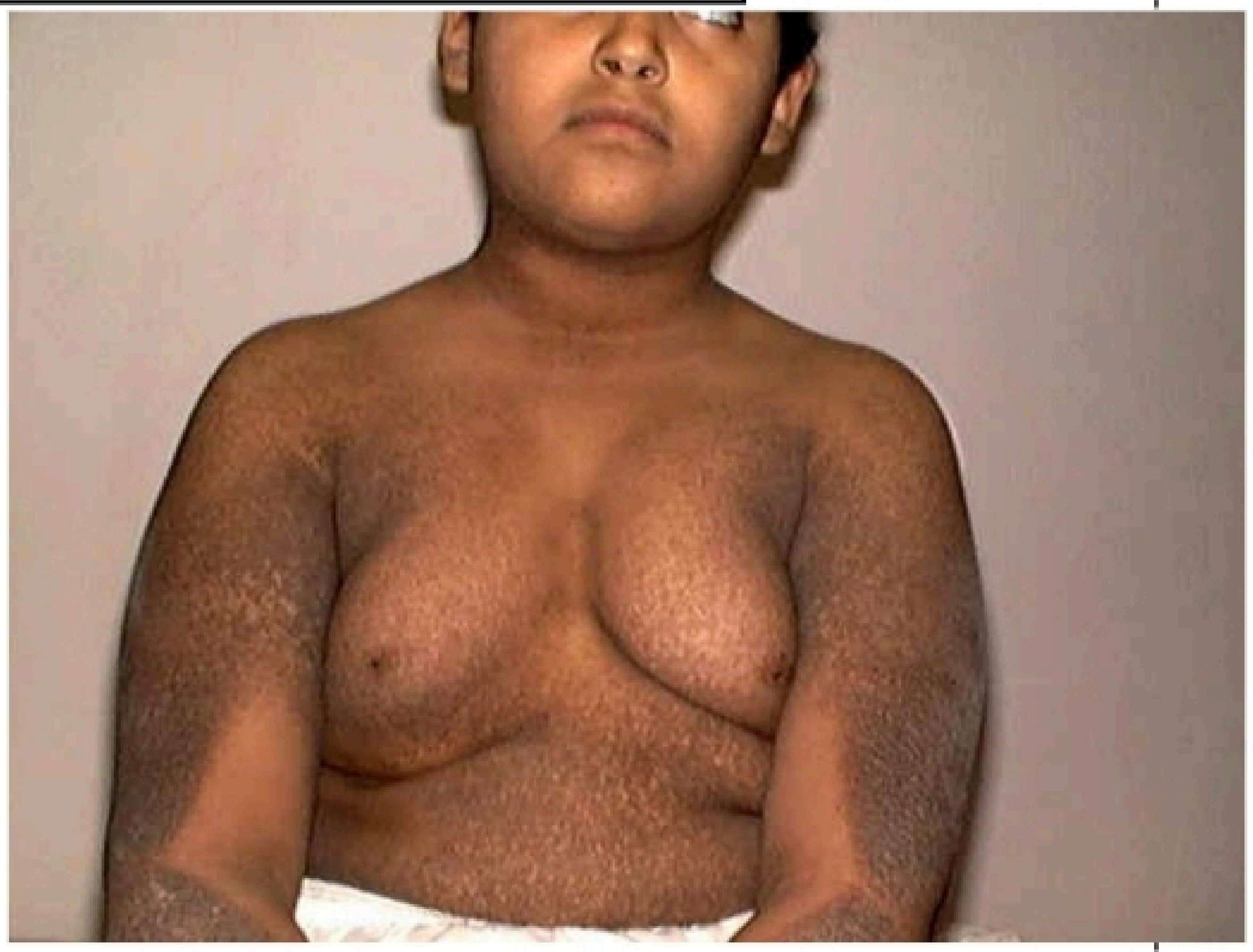
- X-Linked Ichthyosis (Ichthyyosis Negricans):

It is The Second Common Type.

Seen ***at Birth*** or ***Immediately*** in Neonatal Period.

Caused by Decrease of Steroid Sulfatase Enzyme.

Clinical Picture of X-Linked Ichthyosis:
Large, Dark Brown, Adherent, Scales Commonly in Posterior of The Neck, Upper Trunk, Extensor Surface (The Boy affected has a ***Dirty Face Appearance***)
Also Presented with Corneal Opacity, Cryptorchidism occur in **20%** of Patient.



***Treatment of X-Linked Ichthyosis:**

1- Emollients; (Ex→ Vaseline).

2- keratolytic Cream; (**10 – 20%** Urea Cream).

3- May Retinoid Used.

- Acquired Ichthyosis:

This Type Associated with Various Systemic Disease, Auto-immune Disease, Malignancy , Drugs and HIV.

→ ***Systemic Disease***: Sarcoidosis, Leprosy, Chronic Renal Failure (CRF), Thyroid Disease, Hyperparathyroidism.

→ ***Auto-Immune Disease***: Connective Tissue Disease as ***SLE***, ***Dermatomyocytis***.

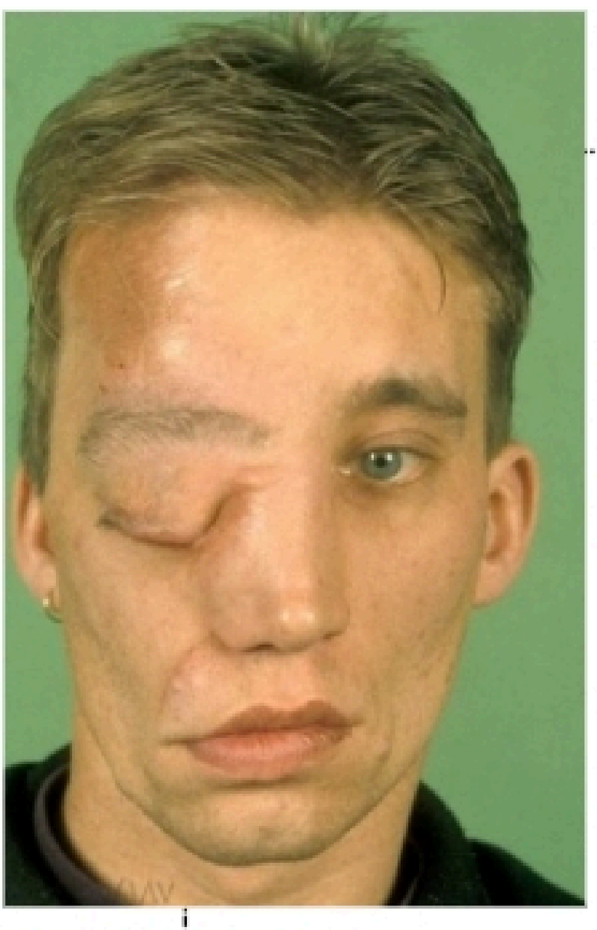
→ ***Malignancy***: Lymphoma, Multiple Myeloma, Broncogenic Carcinoma, Kaposis Sarcoma, Cancer Ovary & Cervix.

→ ***Drugs***: Cimetidine, Retinoid, Nicotinic acid, Clofazimine.

***Treatment of Acquired Ichthyosis:**

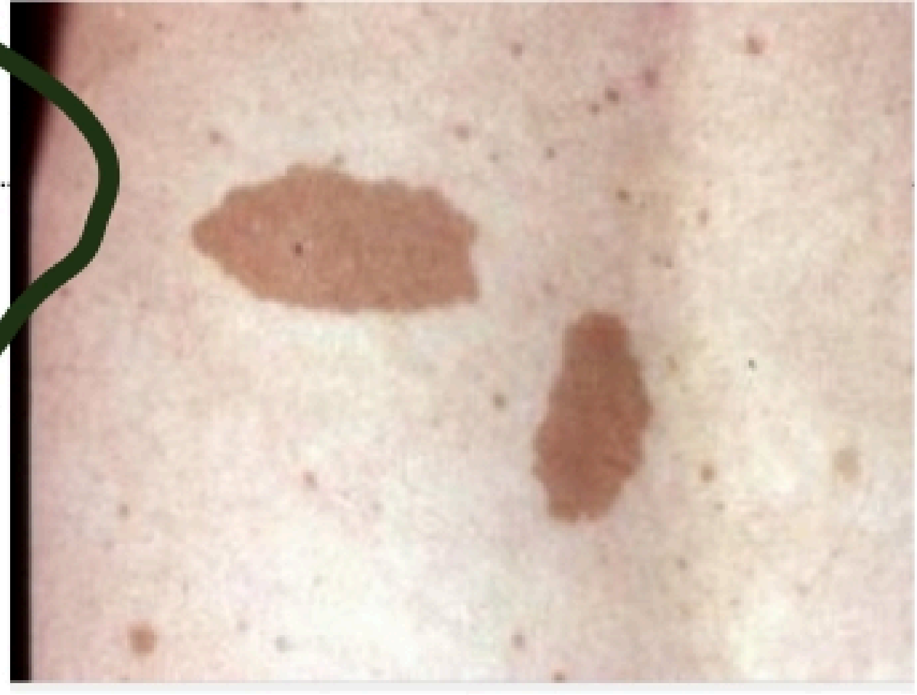
-Treat the Underlying Causes.

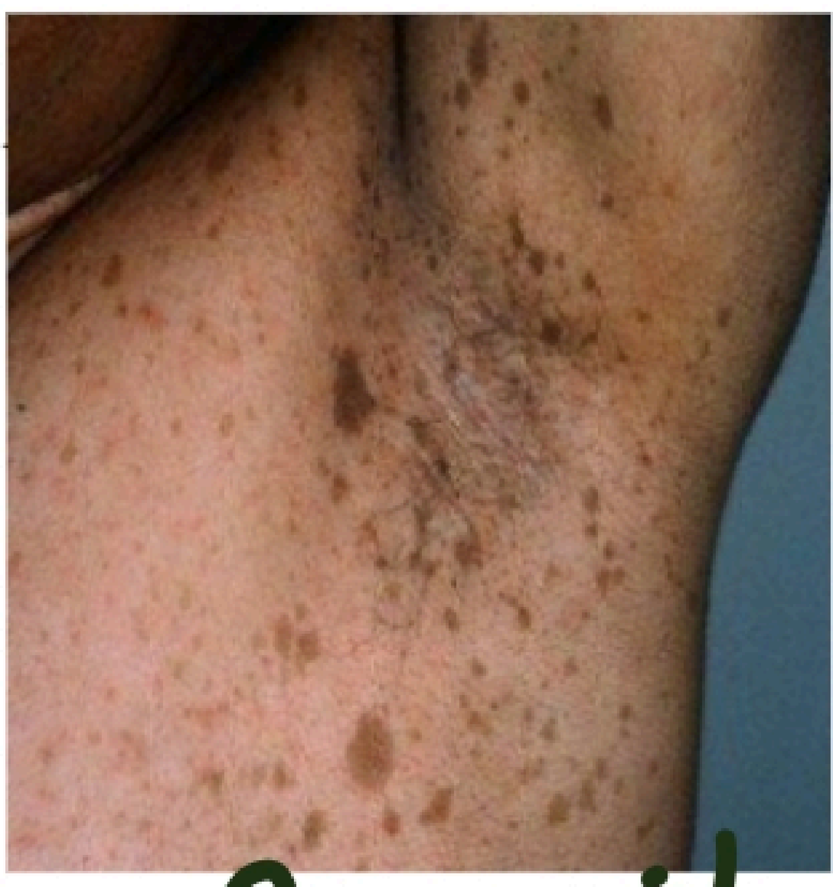
Note:- Urea Cream
-Emolient:- < 10%
-Keratolytic:- > 10%
i.e.g. 20%



Skin Tags

Caif au-lait





Armpit Freckling

2- Neurofibromatosis (NF)

It is an Autosomal Dominant Disorder of Nervous System that Causes Tumors Grows anywhere in or on the Body, Affect all Races and all Genders Equally.

There are **2** Types: Type**1**, Type**2** (Type**1** Most Important in Dermatology, Type**2** is Rare).

Clinical Picture of Neurofibromatosis (CNAL):

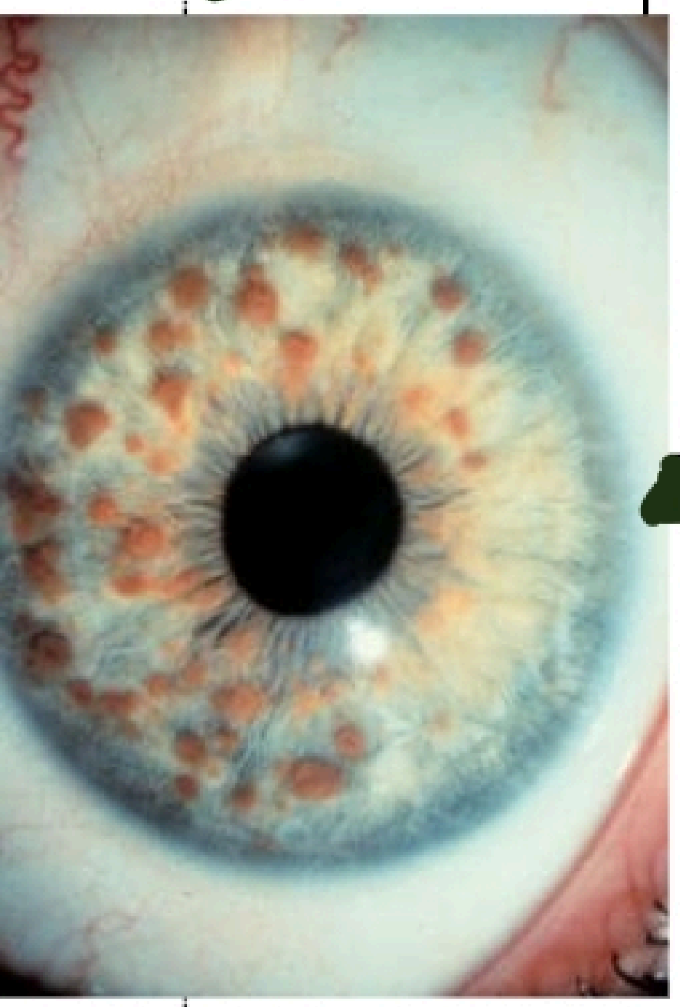
1- Café-au-lait Spots are the Most Characteristic Feature of Disease, as they are present in **100%** Of Cases, (Café-au-lait Spots: are Multiple, Brown, Oval Macules and Patches).

2- Neurofibromas "Skin Tags".

3- Armpit Freckling or Groin.

4- Leisch Nodules (Papules Present in Iris).

5- Plexiform Neurofibroma.



- **Diagnosis:** Clinically

But You Can Do Genetic Testing.

- **Treatment of Neurofibromatosis:**

No Cure Treatment for Neurofibromatosis, May Surgical.

→Simple Excision, **CO2** Laser ablation, or Electrocautary for Skin Tag.

"أطفال القمر"

ما بيطلعوا إلا بالليل لأنه عندهم

3- Xeroderma Pigmentosa (XP)

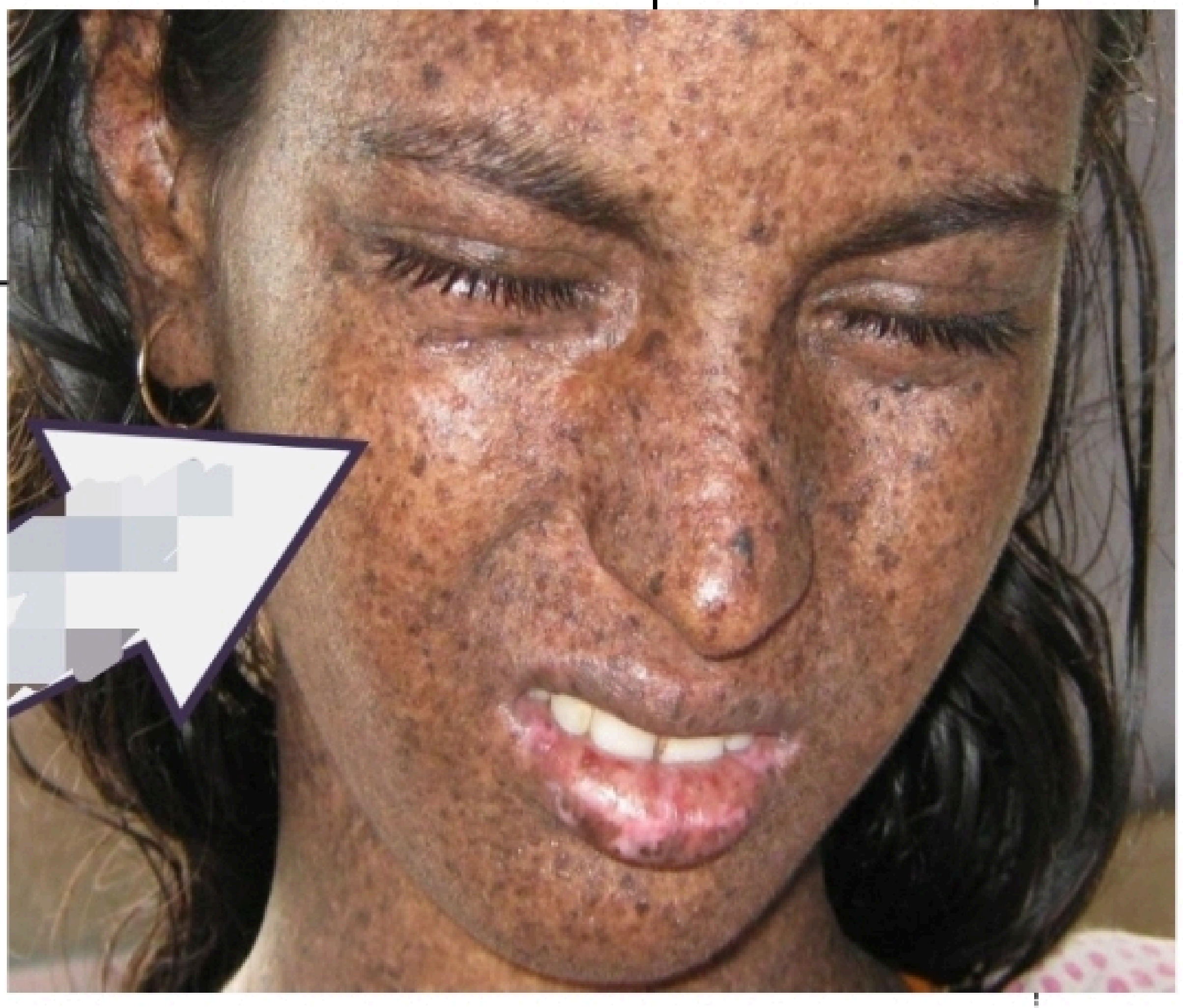
It is an Autosomal Recessive Disorder Characterized by Photosensitivity (Sensitivity to Sun Light) Due to Defect of Nucleotide Repair Enzyme (***Endonuclease Enzyme***).

Clinical Picture of Xeroderma Pigmentosa (XP):

1- Photosensitivity→ Increase risk of Skin Cancers ***(BCC, SCC)***.

2- Pigmented Freckles.

3- Dry & Scaly Skin + Irregular Dark Spots.



- **Diagnosis:** Mainly Clinically

But You Can do Genetic Testing.

- **Treatment of Xeroderma Pigmntosa:**

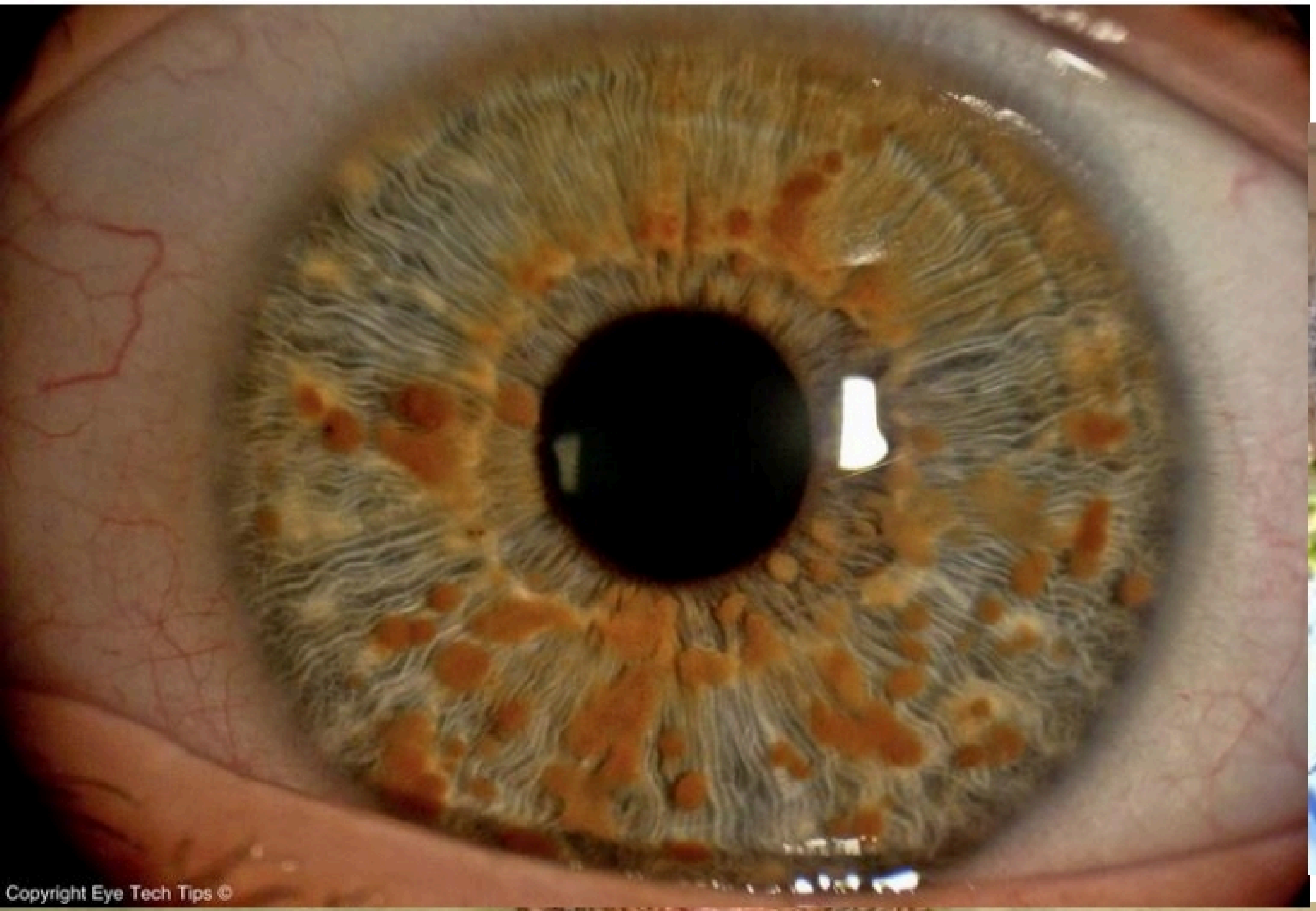
No Cure for Xeroderma Pigmentosa.

→Avoid Exposure of Sun Light.

Note:

Tuberous Sclerosis: is a Rare **AD**, Multisystemic & Neuro-Cutaneous Genetic Disease Chatacterized By **ASK**: **A**sh-leaf Spots(White Patches of Skin Due to lack of Melanine Visible at Birth), **S**hagreen Patch, **K**oenen Tumor. Others: Café-au-lait Spots, Patches of White Hair (Koenen Tumor: Present around & Under Nails of Toes or Fingers).

Neurofibromatosis (CNAL)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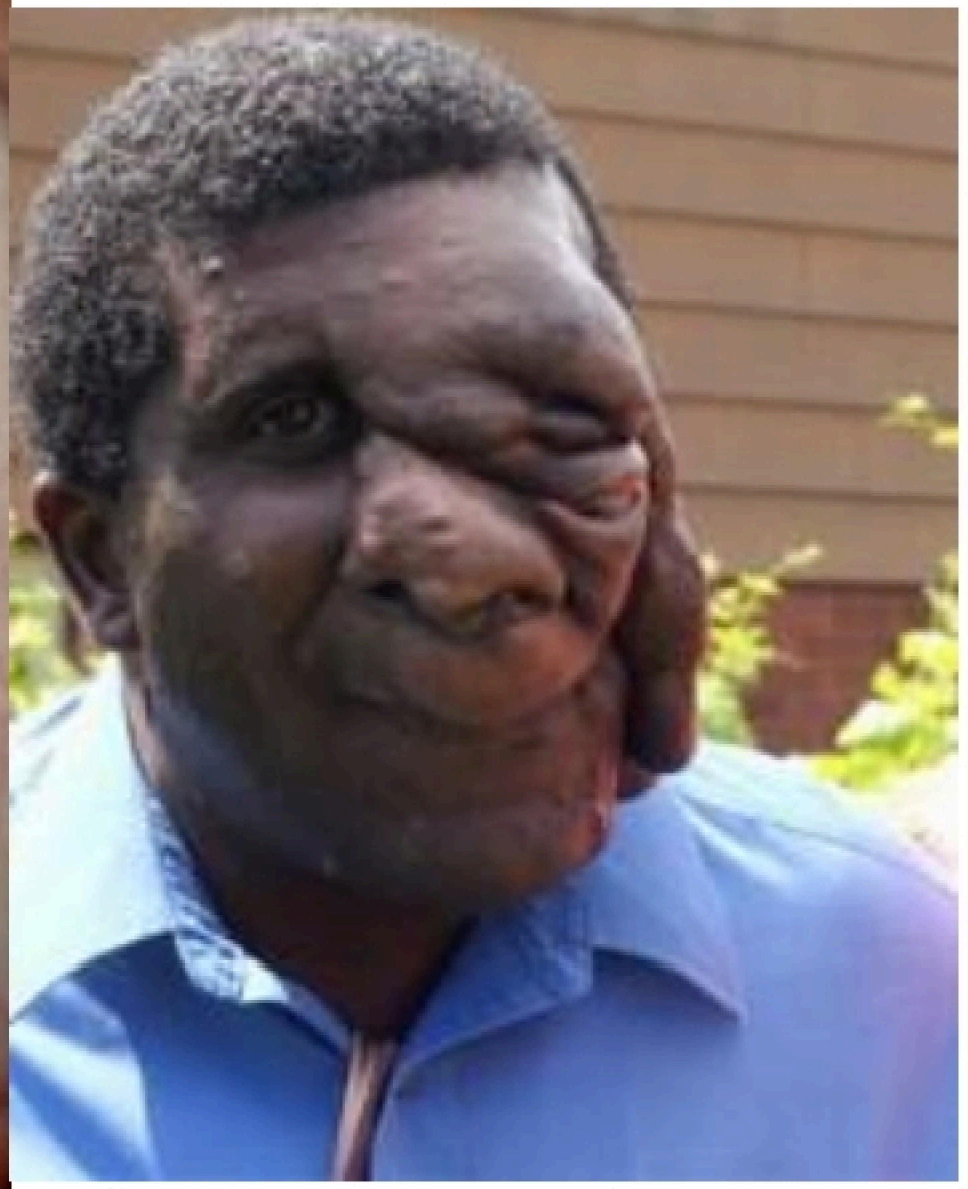

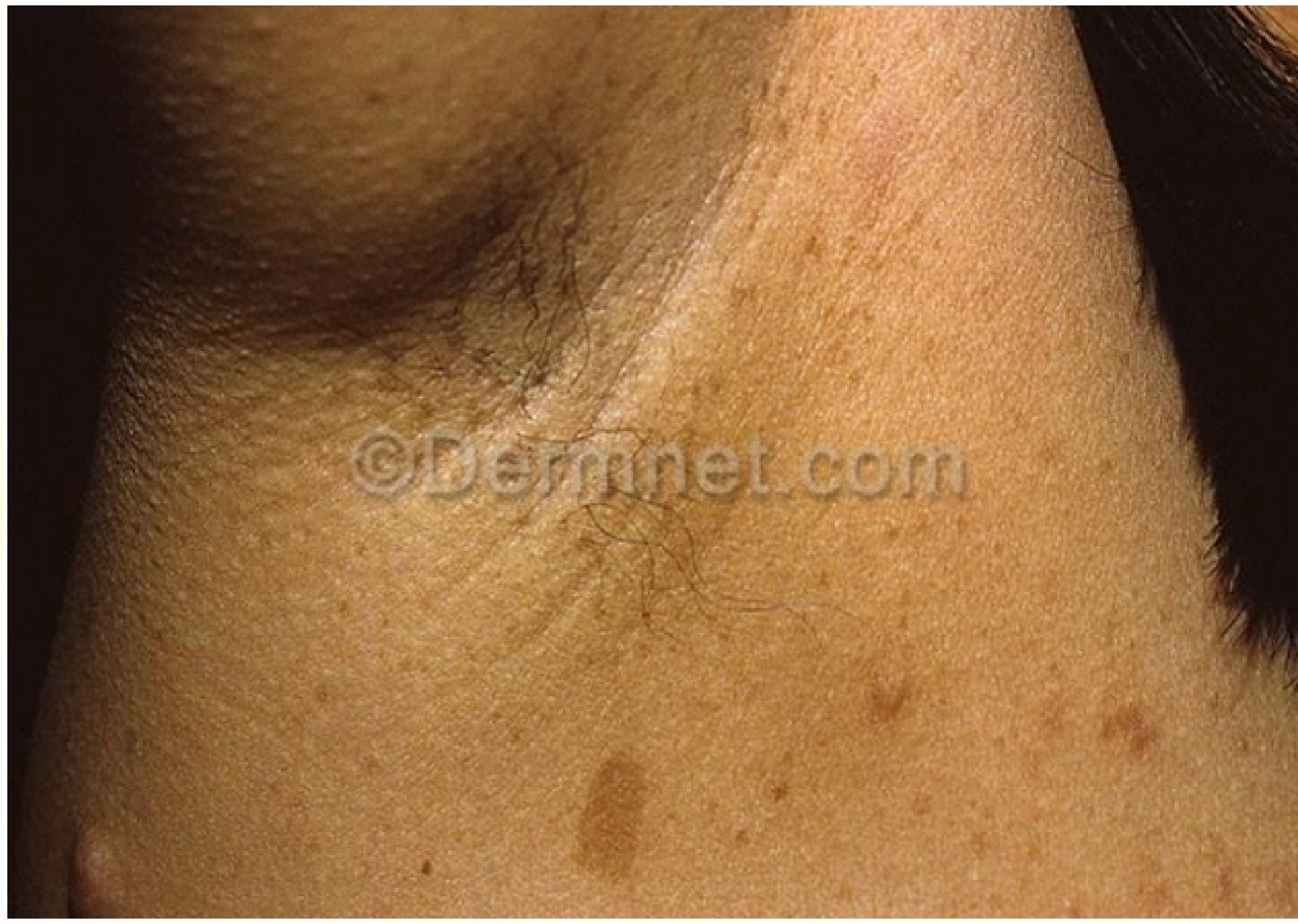
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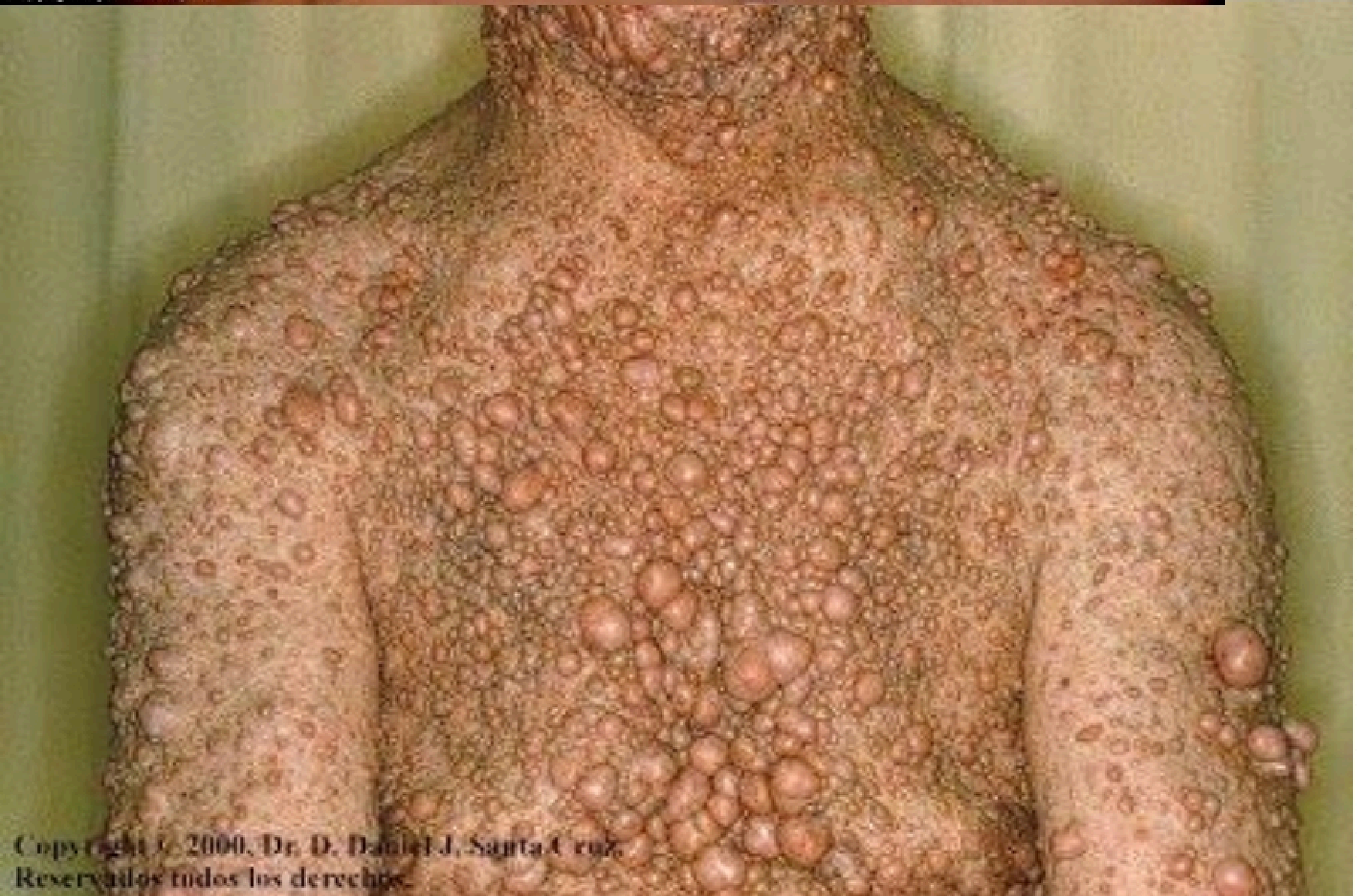
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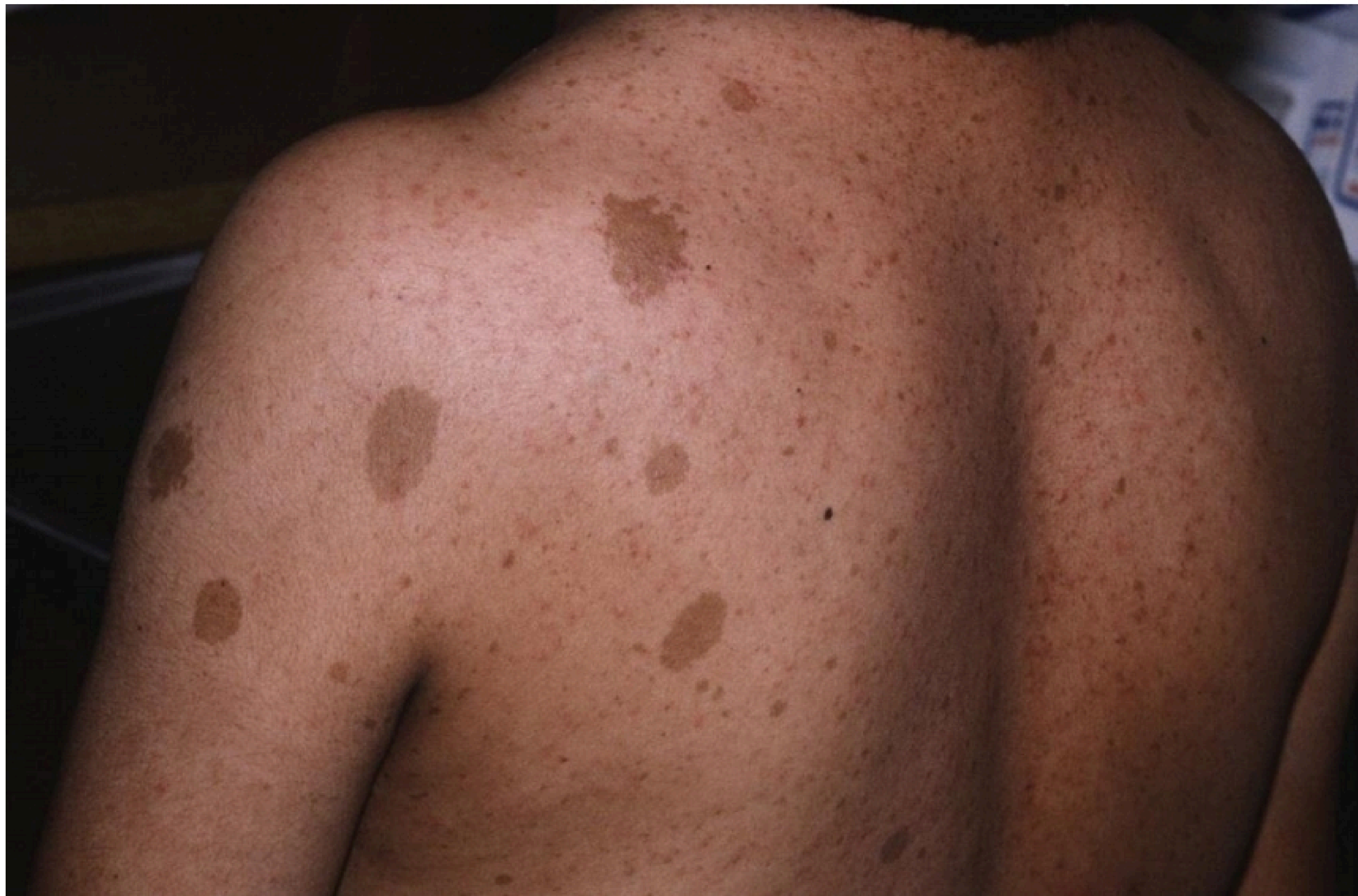
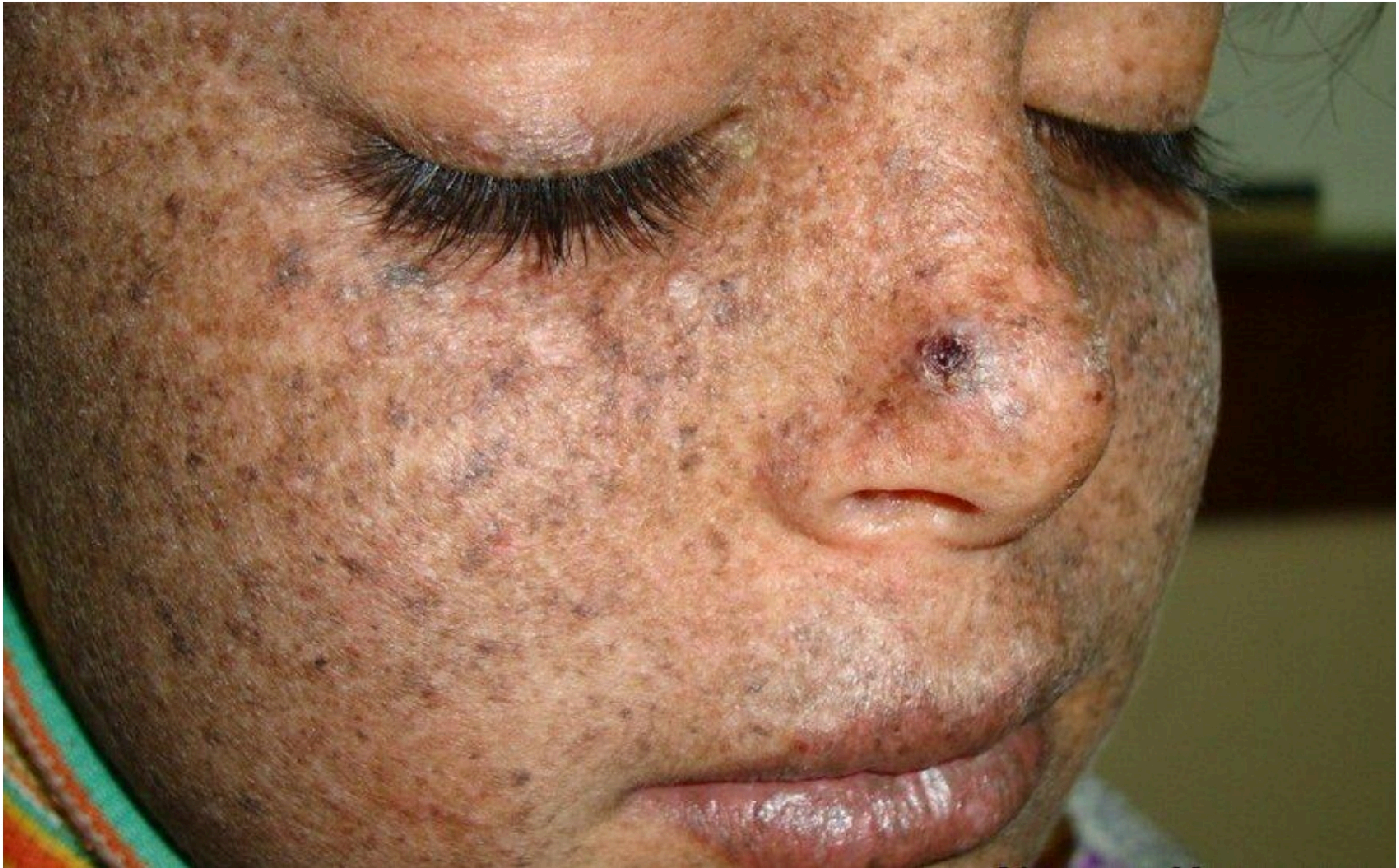
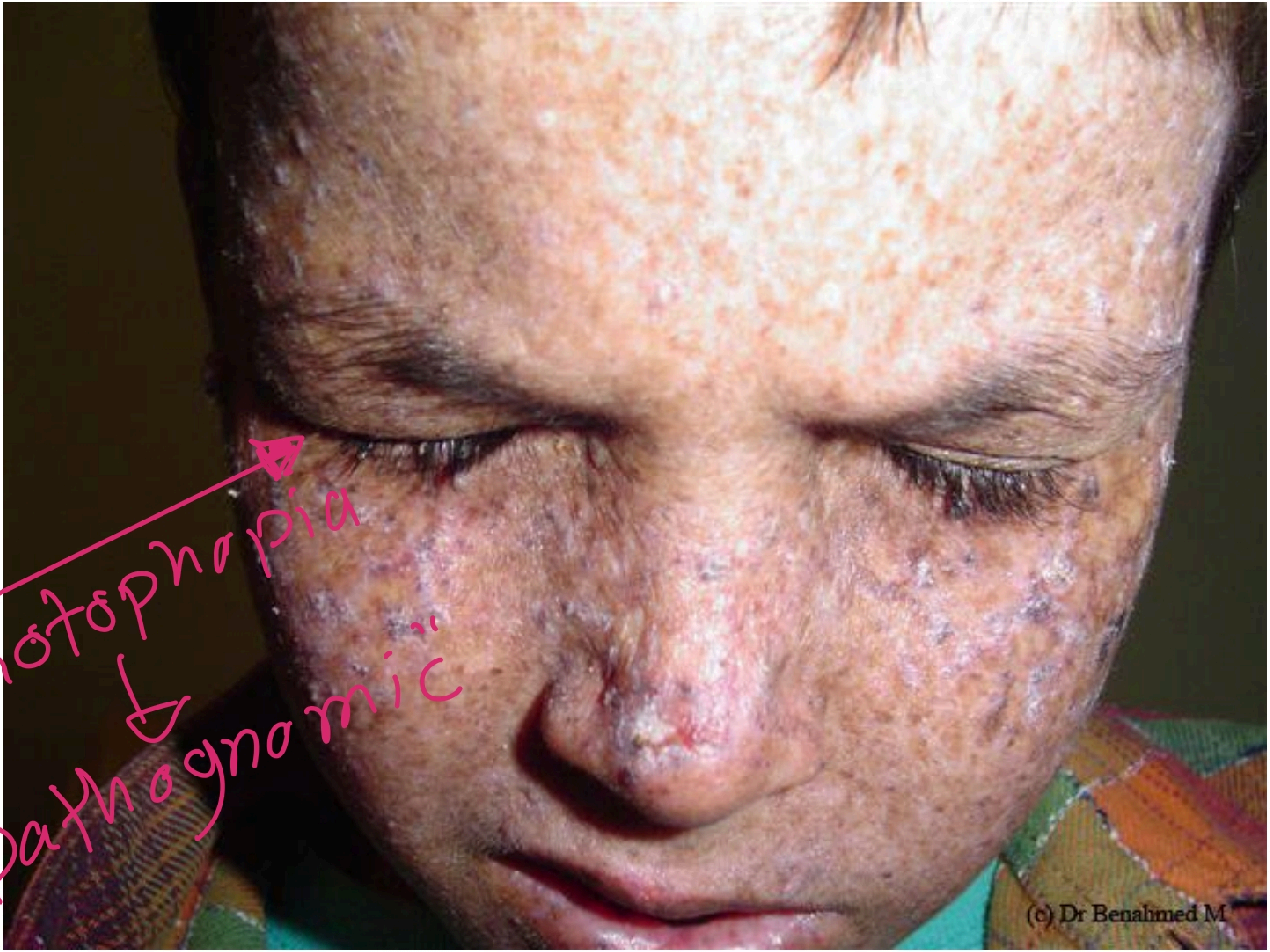


Xeroderma Pigmentosa



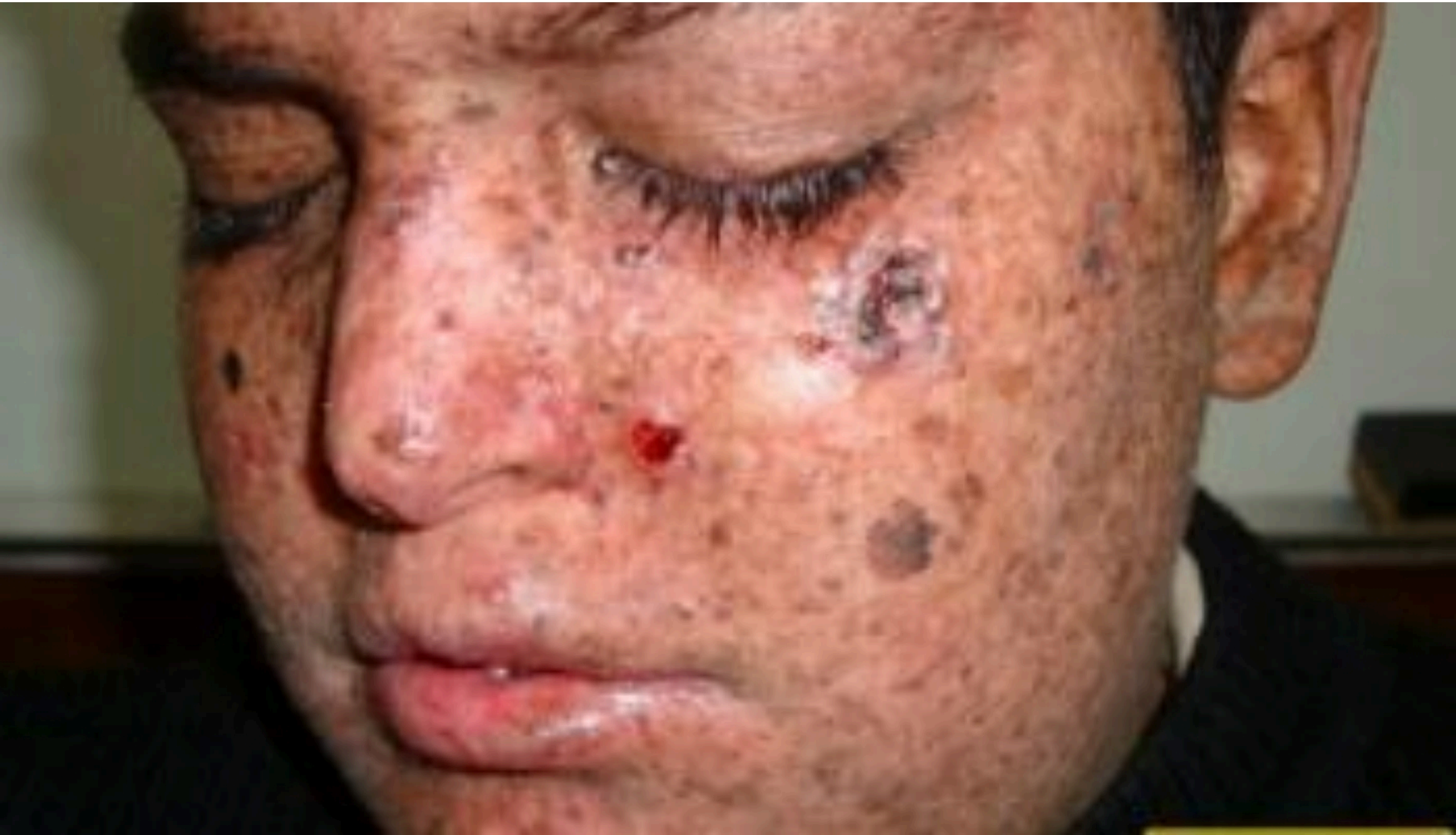
Xeroderma Pigmentosa



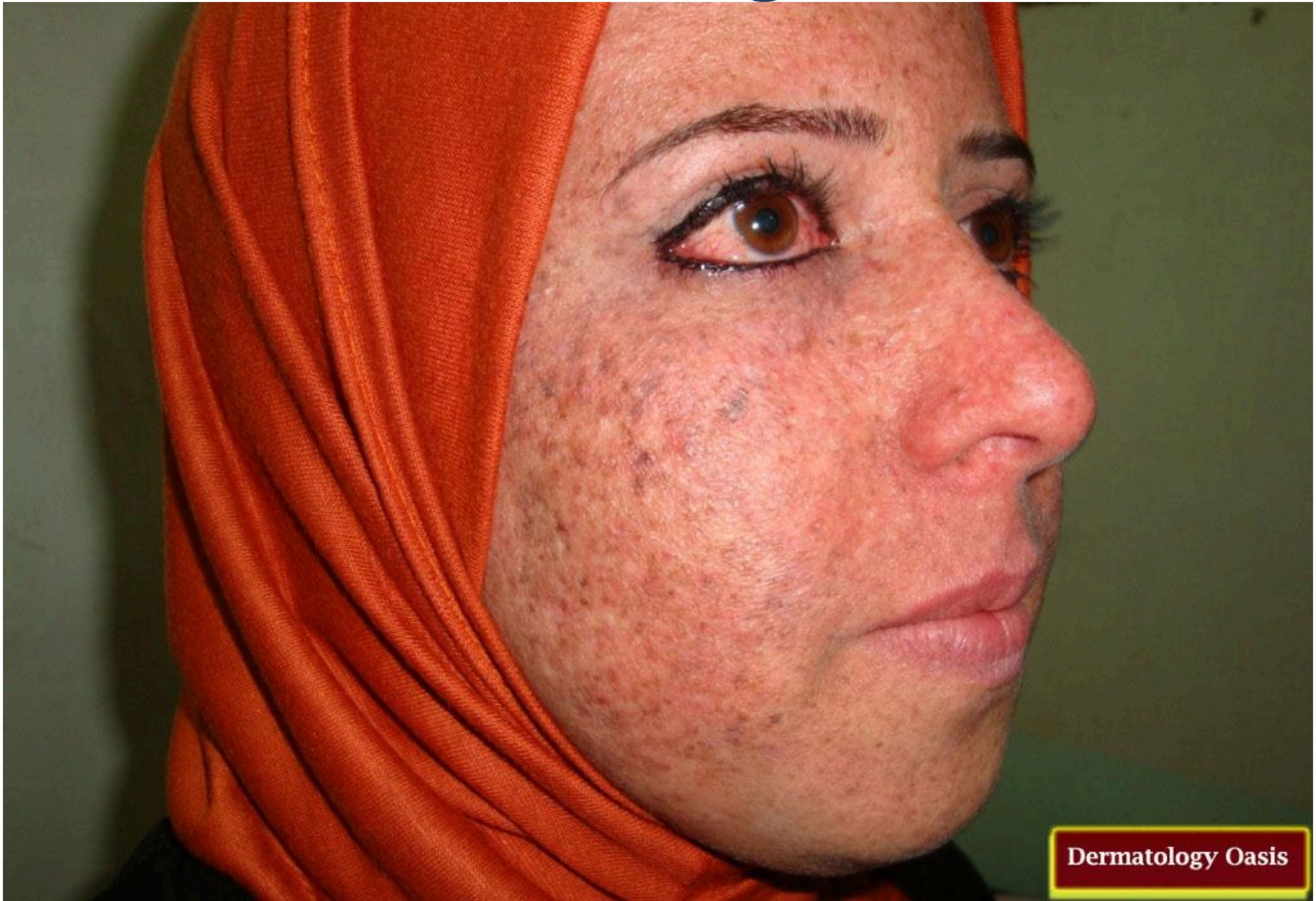
(c) Dr Benahmed M

Photophopia
"pathognomic"

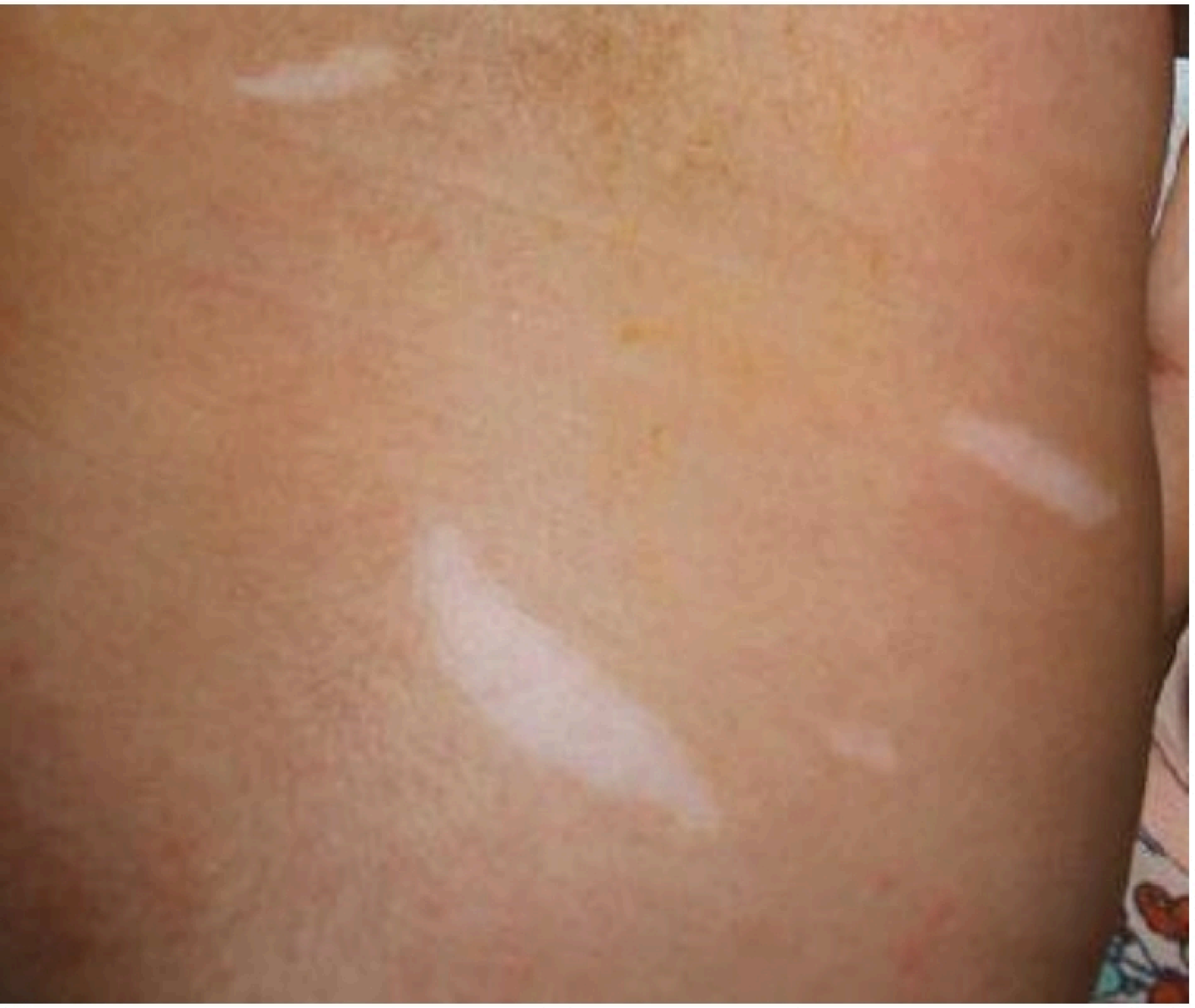
Xeroderma Pigmentosa

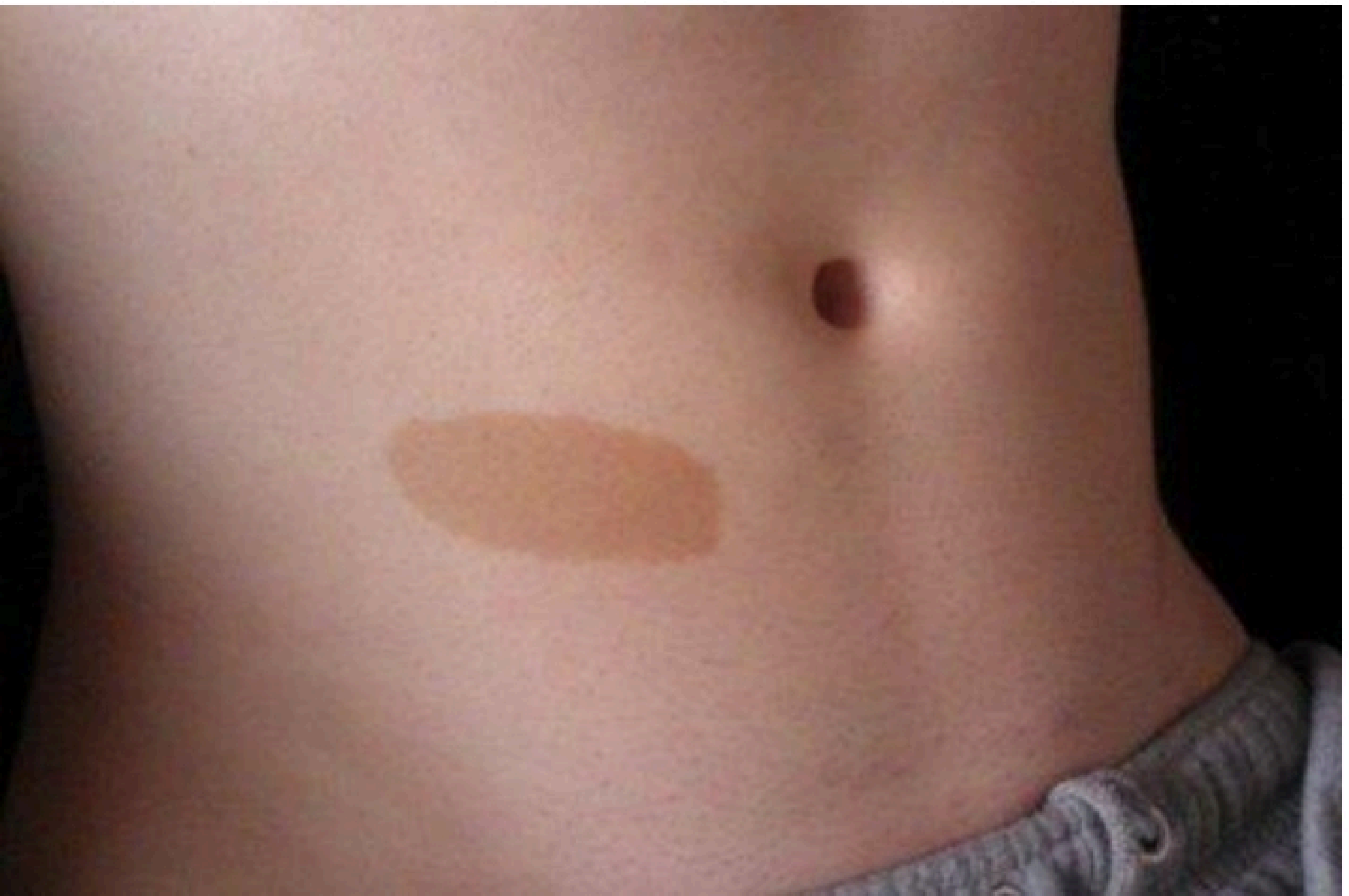


Xeroderma Pigmentosa


Dermatology Oasis

Tuberous Sclerosis (ASK)



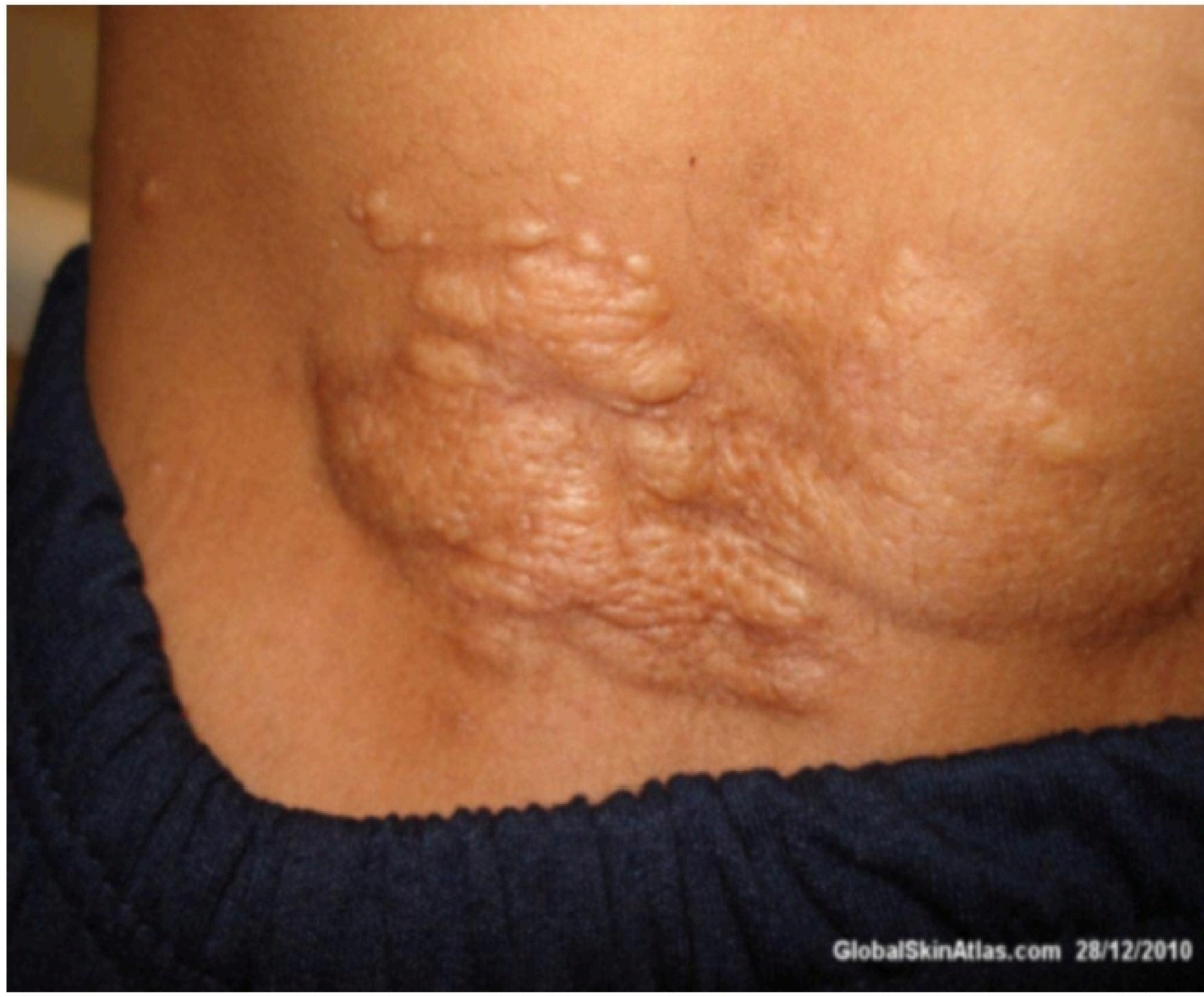


Ash-Leaf
Spots.

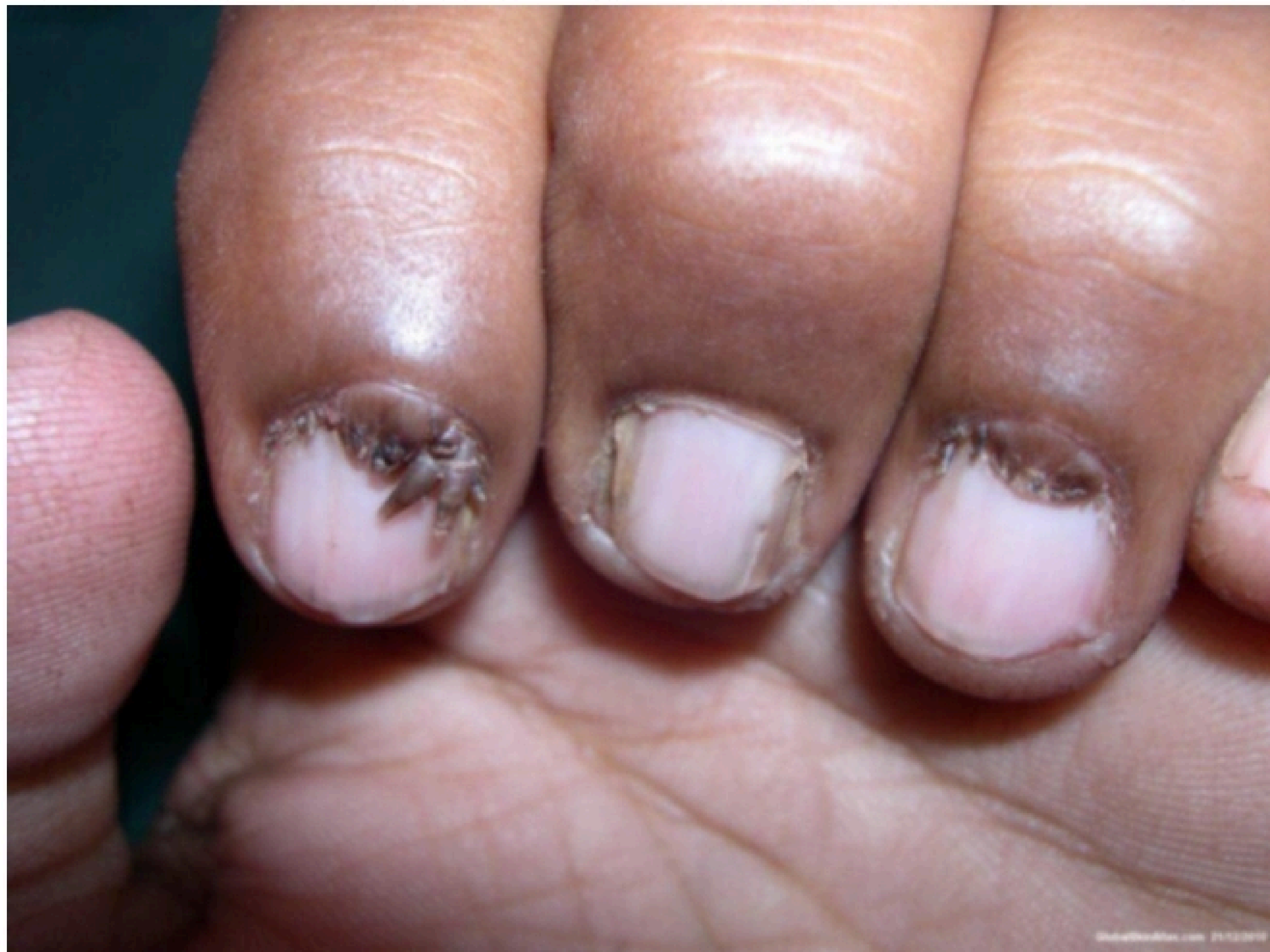
Shagreen
Patch.

Koenon
Tumor.

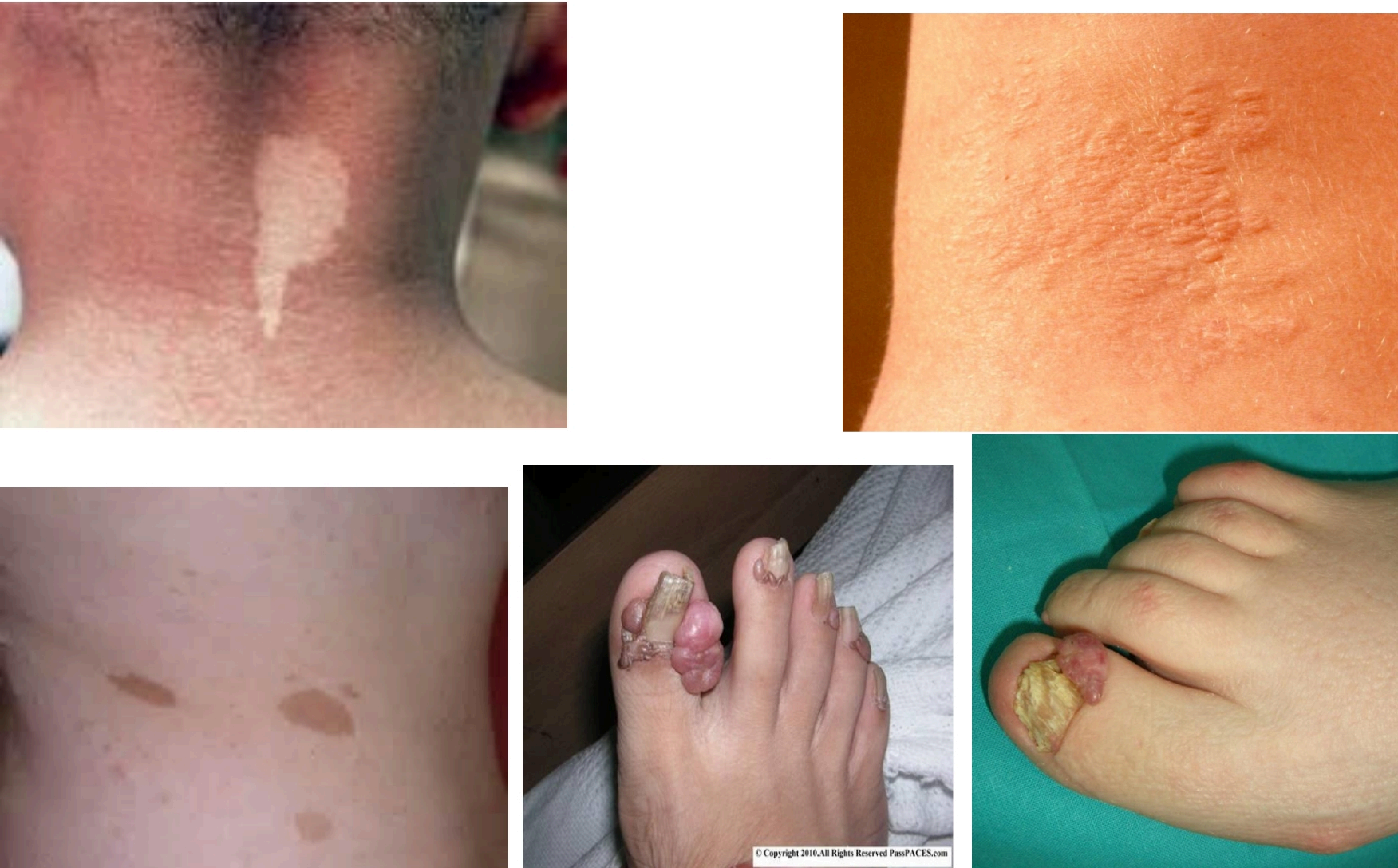
Also
Café Au-Lait
Spots.



GlobalSkinAtlas.com 28/12/2010



Tuberous Sclerosis (ASK)



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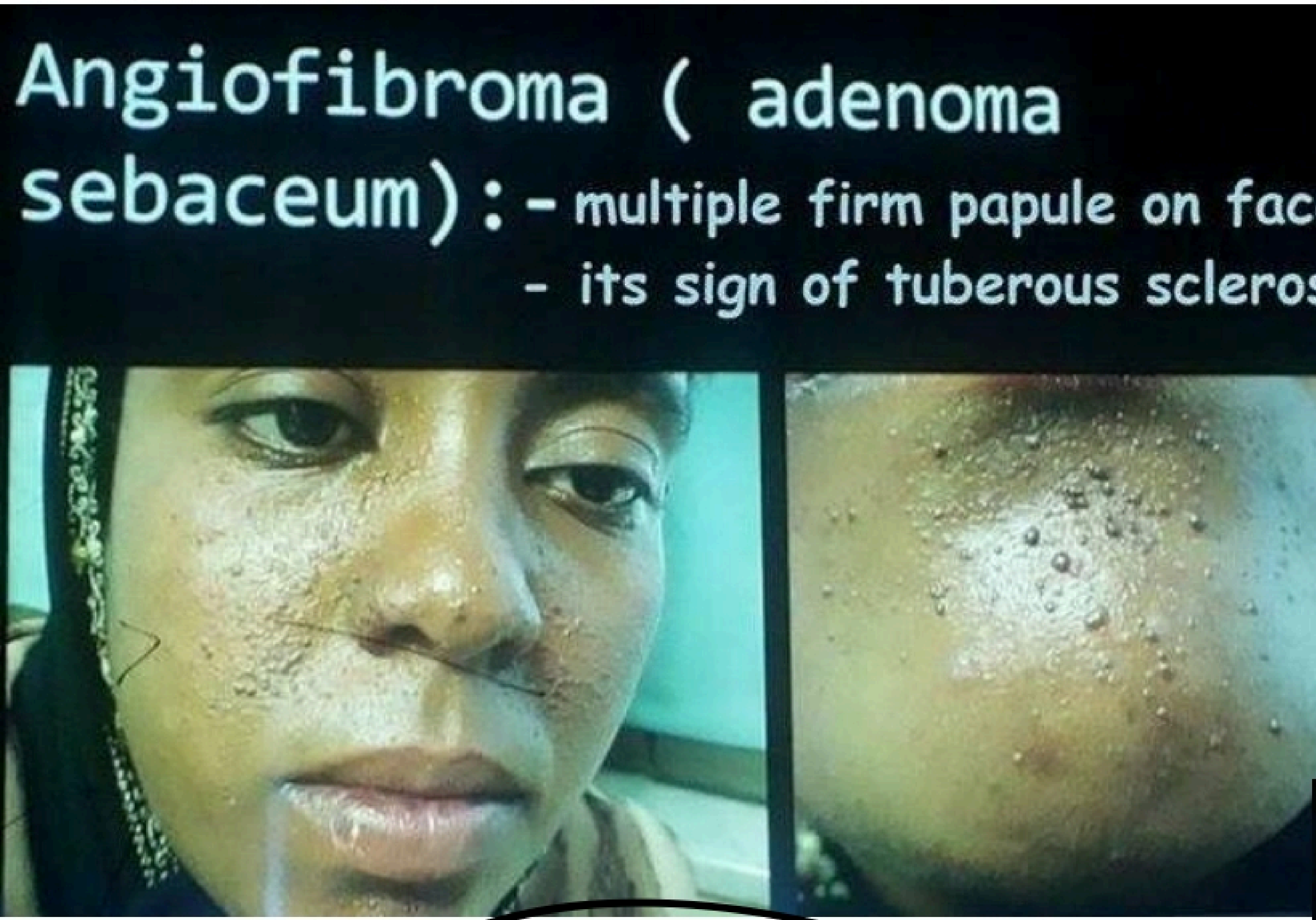
Tuberous Sclerosis

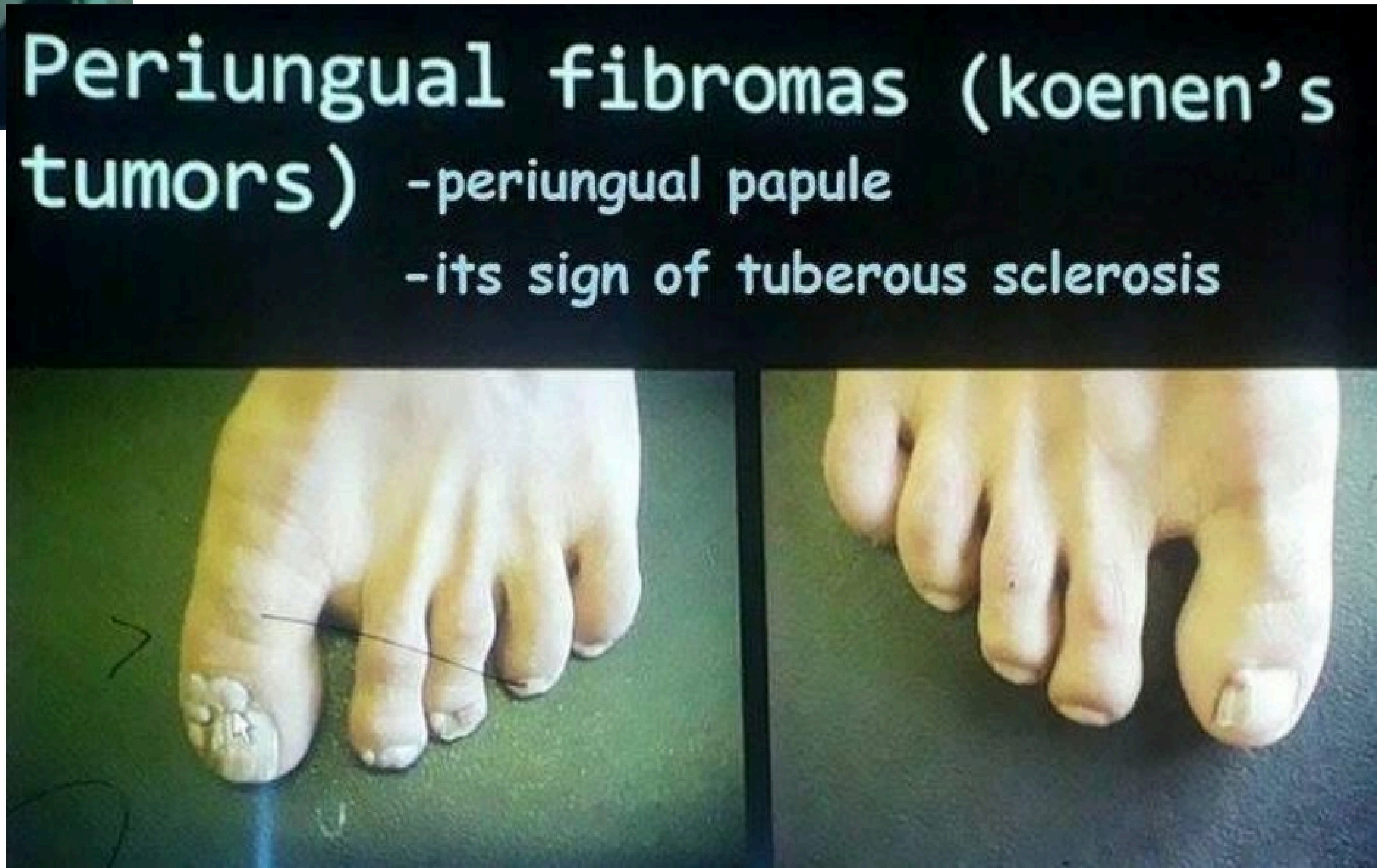


Angiofibroma (adenoma sebaceum): - multiple firm papule on face

- its sign of tuberous sclerosis

Also Patient with Tuberous Sclerosis Has:

Adenoma Sebaceum



Periungual fibromas (koenen's tumors) -periungual papule

-its sign of tuberous sclerosis

Zakarya

Skin Infections

→ Specific cause
→ Specific treatement.

Bacterial Skin Infection "Pyoderma".
Viral Skin Infection.
Fungal Skin Infection.
Mycobacterium Skin Infection.
Parasitic Skin Infection "Infestation".

Bacterial Skin Infection "Pyoderma":

Pyodema Means Bacterial Infection of Skin Caused by **Pus-Producing Bacteria** like; Staphylococcus & Streptococcus.

Bacterial Skin Infection "Pyoderma" Divided into → Primary & Secondary.

The skin is intact "No lesions"

Primary Pyoderma: Commonly Caused by; Staphylococcus & Streptococcus;

Staphylococcus Infection:	**Streptococcus Infection:**
1. Impetigo.	**1.** Impetigo.
2. Ecthyma.	**2.** Ecthyma.
3. Superficial Folliculitis.	**3.** Cellulitis.
4. Deep Folliculitis.	**4.** Erysipelas.
5. **S**taphylococcal **S**calded **S**kin **S**yndrome "**SSSS**"; It is Caused by Bacterial **Toxins** So it is **Indirect** Infection.	**5.** Scarlet Fever; It is Caused by Bacterial **Toxins** So it is **Indirect** Infection.
	6. Erythema Nodosum.

There is Lesion [Acne / erosion / Ulcer] → Then 2ry bacterial infection occure.

Secondary Pyoderma: It is Secondary to ***Pre-existing Skin Disease***, Such as; Dermatitis, Post Viral Skin Infection, Post Parasitic Skin Infection, Wounds, Ulcers.

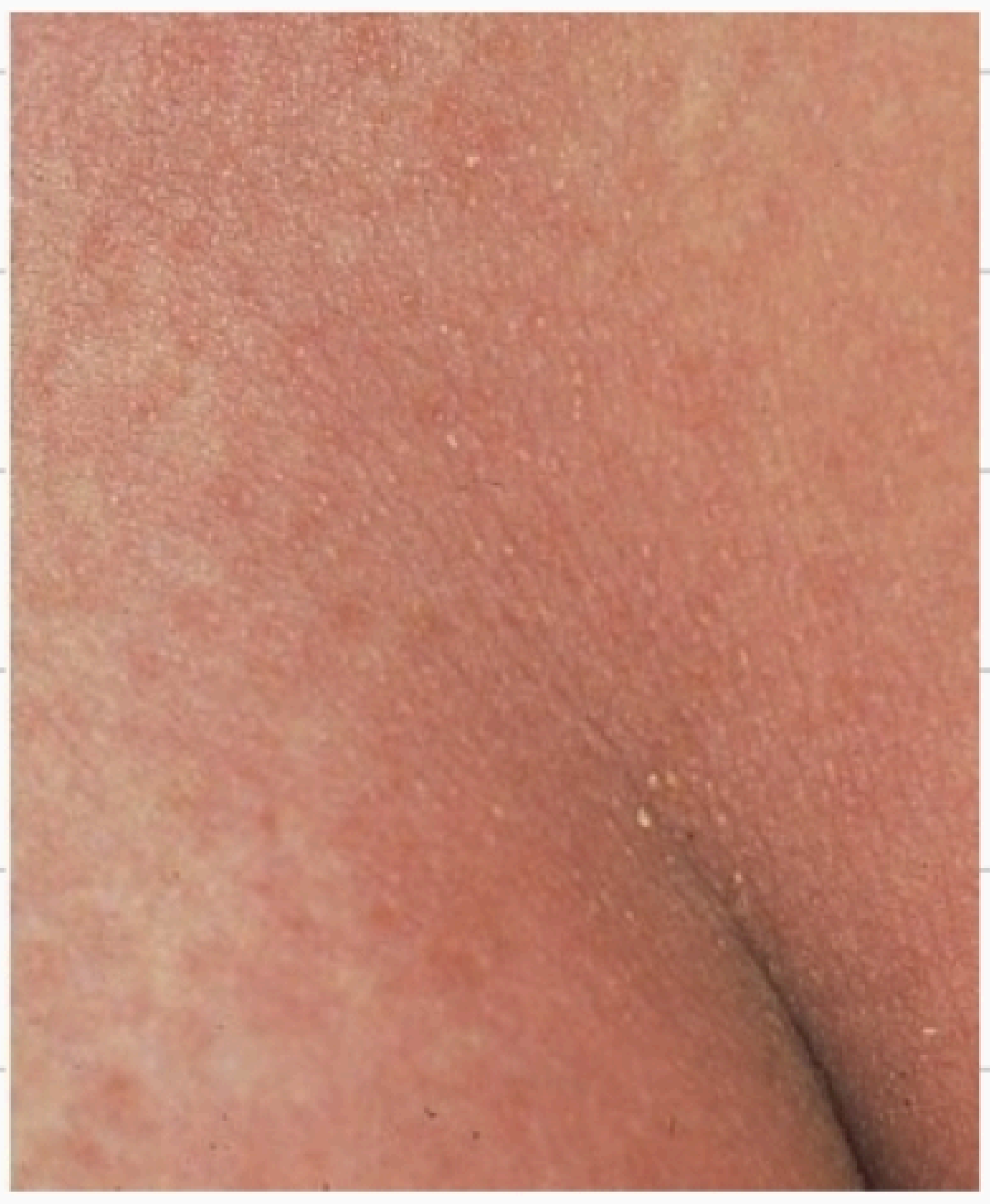
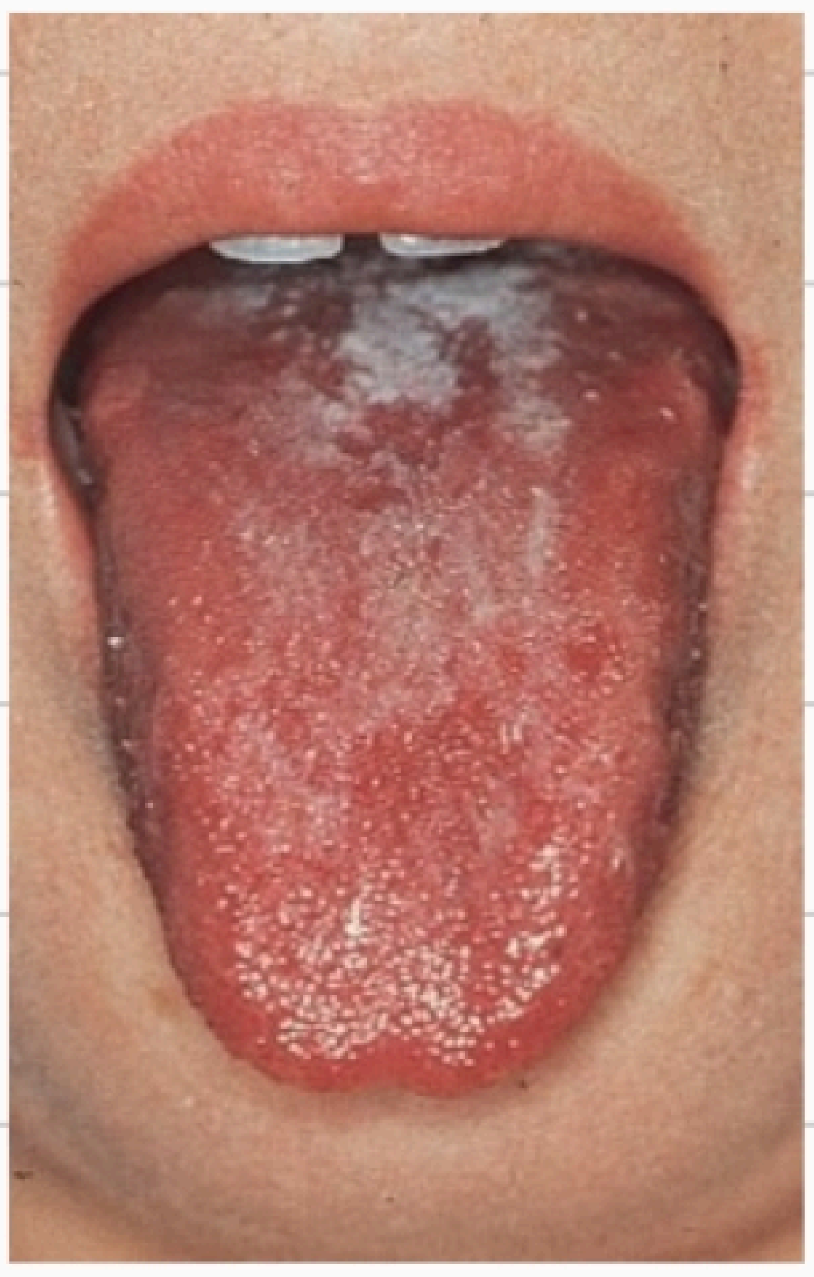
- Predisposing Factors of Pyoderma:

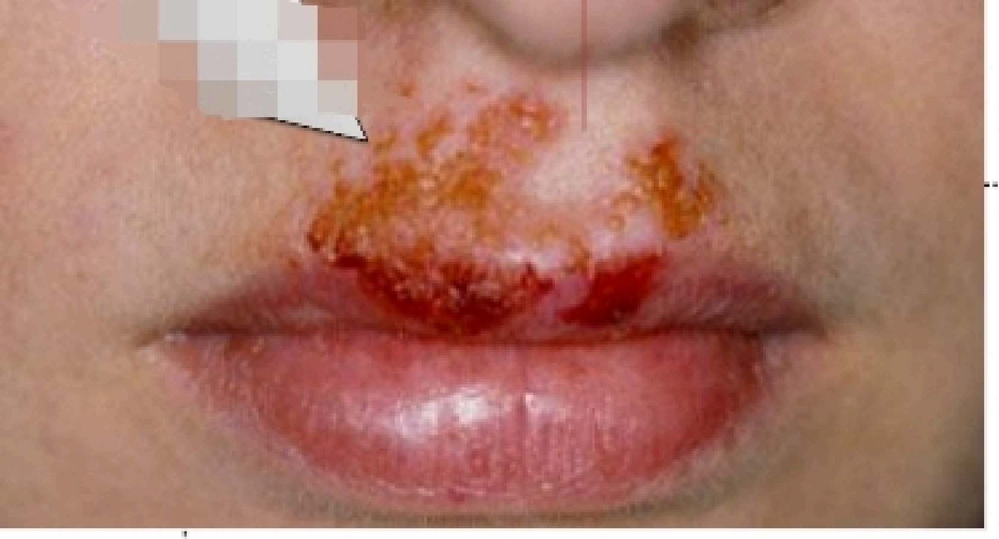
1. Patient with Low Immunity, Such as; DM, AIDS.
2. Chronic Disease.
3. Chemotherapy.
4. Skin Diseases.

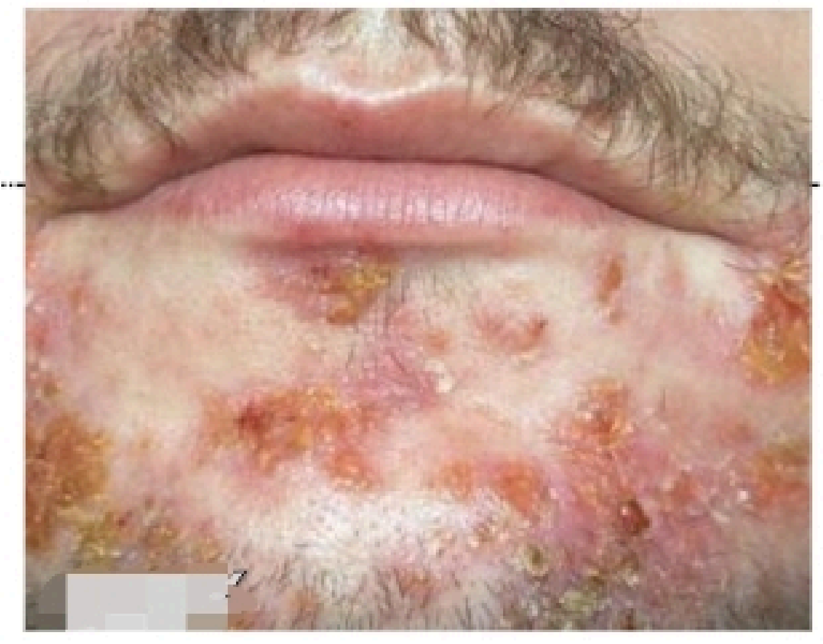
Most Common Areas to find Bacterial Infection in the Body are;

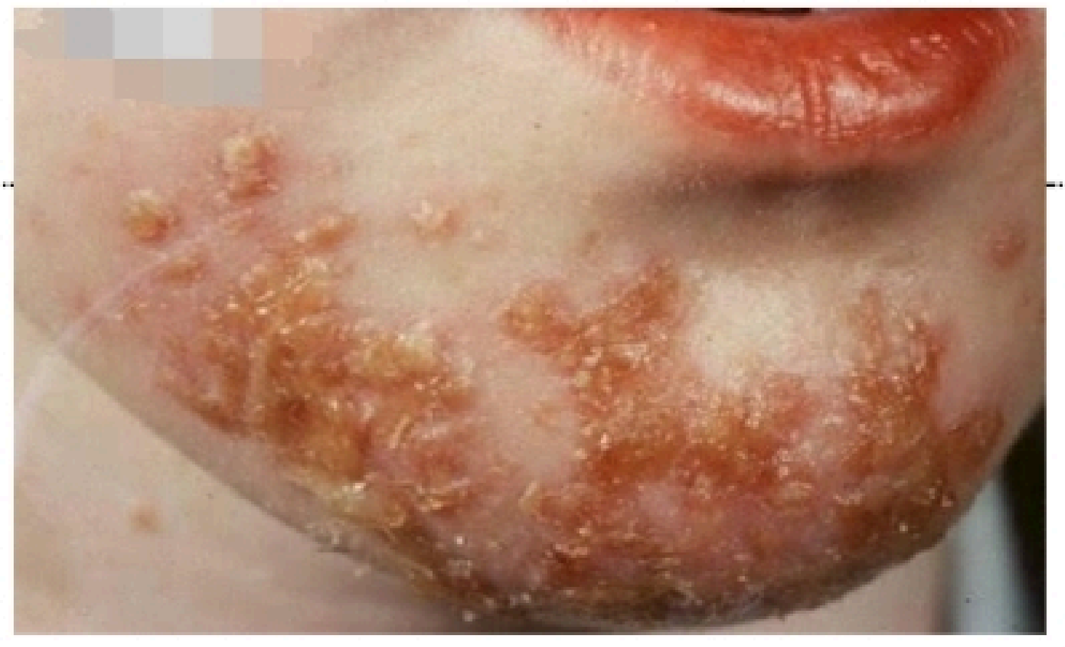
1. Around Nostril.
2. Moist Hairy area.

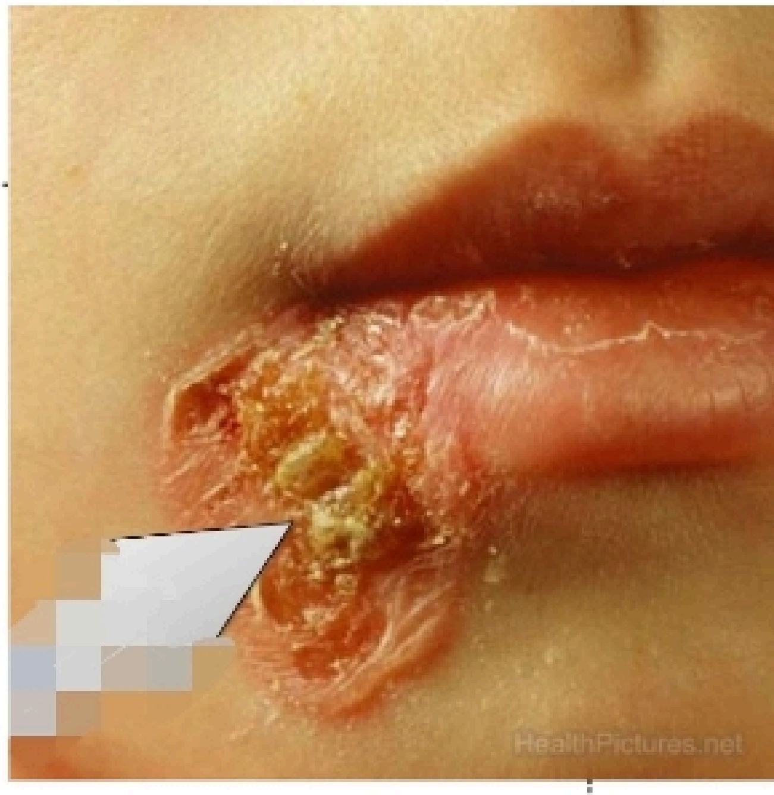
***Best Anti-Biotic for Staphylococcus are*→ Fluxacillin, Cloxacillin, Vavcomycin.**
***Best Anti-Biotic for Streptococcus is*→ Penicillin, (If Pt Allergic; Give Erythromycin).**

Staph	Strepto:
Affect the Superficial skin layer "epidermis" to causes "Impetigo" Vesicular lesions.	- Affect the Superficial skin layer "epidermis" to causes "Impetigo" Vesicular lesions.
=> Affect the Superficial and Deep "Dermis" Layers of skin to causes Ecthyma "Ulcerative lesion"	=> Affect the Superficial and Deep "Dermis" Layers of skin to causes Ecthyma "Ulcerative lesion" Or Erysipelas "Redness of the skin"
=> Affects the Hair follicle Superficially to causes "Superficial Folliculitis" & Deep & Causes "Deep Folliculitis"	=> No Hair follicle affection.
	=> Affect the Epidermis, Dermis & Subcutanous fat to cause Cellulitis
=> Secrete Exotoxins & Cause Staph Scolded Skin Syndrome	=> Secrete Exotoxins & Causes Scarlet fever  





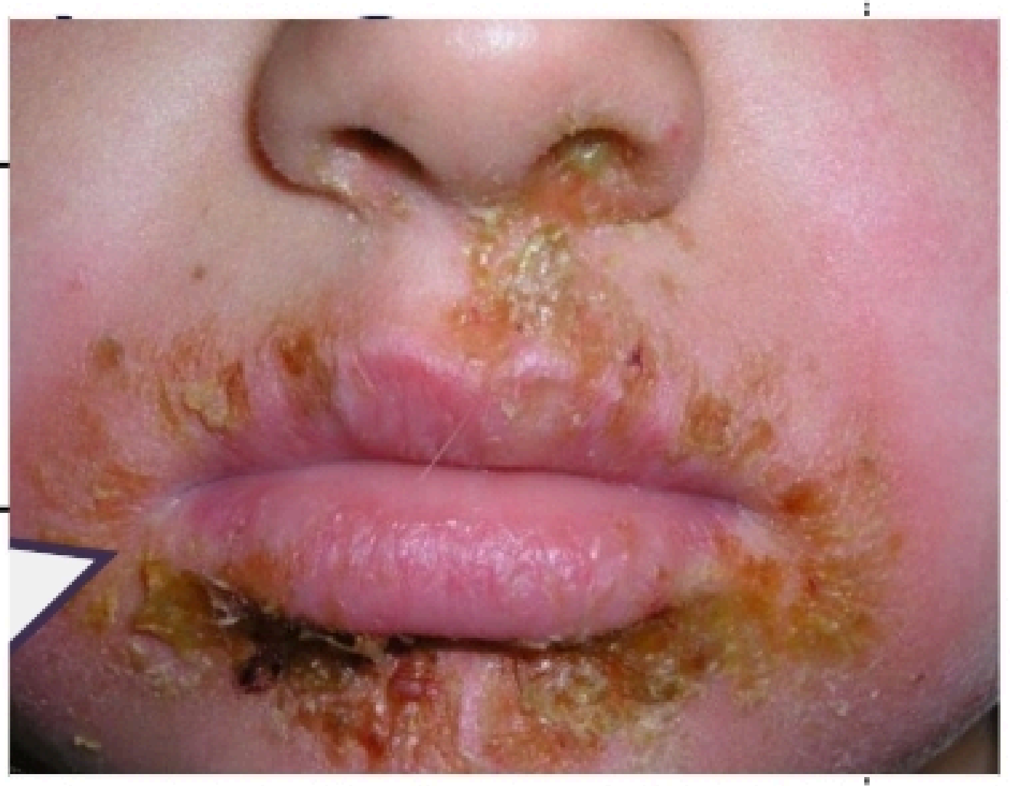




* *Impetigo*

It is a Superficial Bacterial Infection affect **Epidermis** Caused by Staphylococcus & Streptococcus affect Face & Extremities of Children.

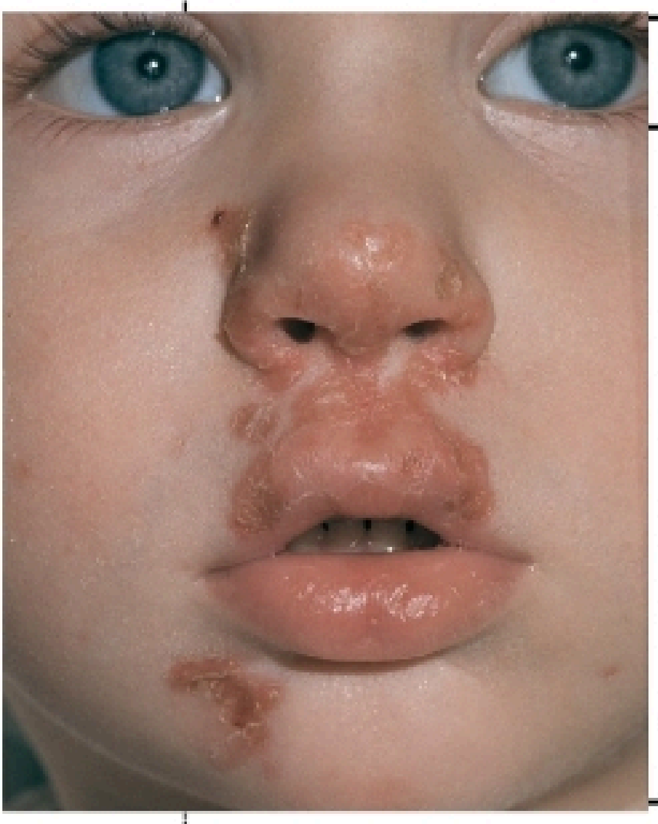
around the orifiecies [Nose
mouth



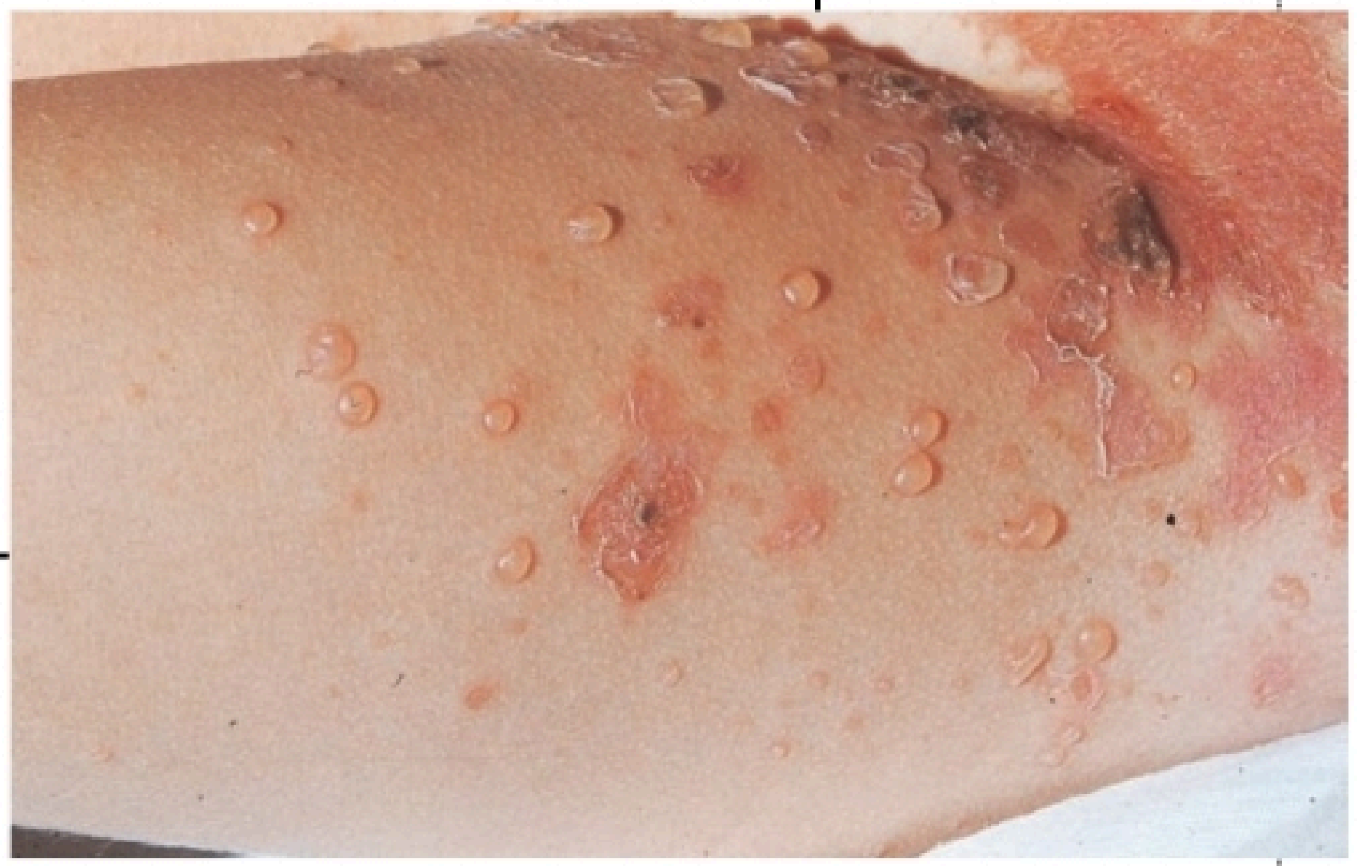
Clinical Picture of Impetigo:
In the Beginning; Very Thin Walled Vesicle "Rapidly rupture" ***then Becomes***; Honey-Yellow, Colored Crust, Thin Easy Remove, Healing Without Scar.

- **Sites:** Face (around Nose, Mouth), and Extremities.

- **Types of Impetigo:**



Non Bullous Impetigo "Classical"	***Bullous Impetigo***
-Also Known as ***Impetigo Vulgaris***, It is Caused by Both Streptococcus & Staphylococcus.	-It is Caused by Staphylococcus.
-Common in Children.	-Present in All Ages.
-Mainly in Face "Peri Orifices" around Eyes, Nose, and Mouth.	-Mainly in Extremities.

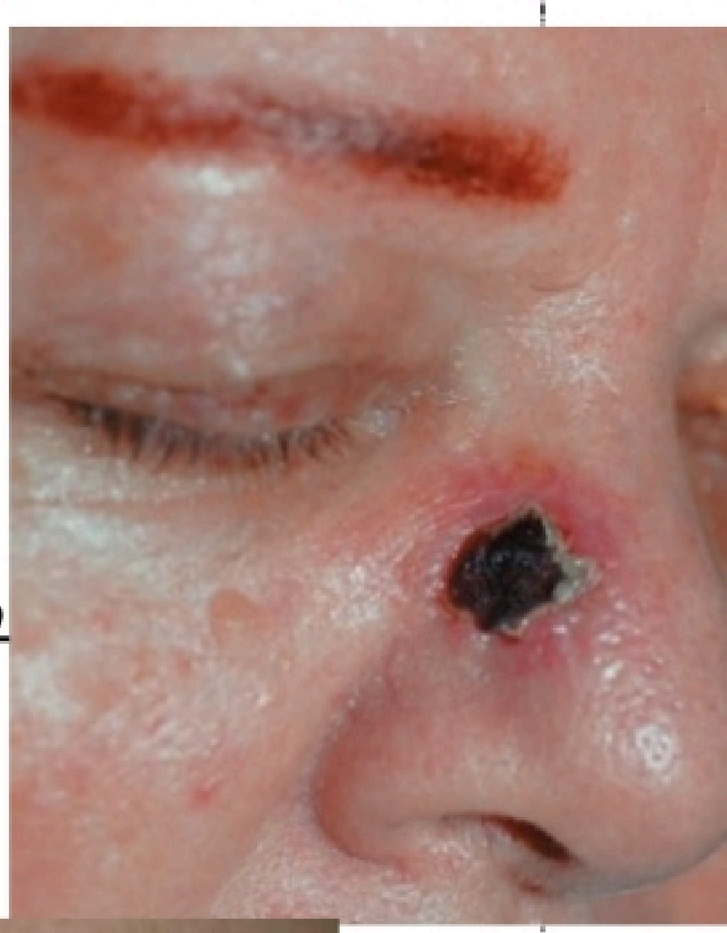


- **Complication of Impetigo:**

1. Bacteremia. **2.** Toxemia. **3.** Abscess. **4.** Erysipelas. **5.** Cellulitis. **6.** Lymphangitis \ Lymphadenitis. **7.** Glumerulo-Nephritis; So you can do → Urine analysis & Culture, **RFT**.

- **Treatment of Impetigo:**

1. Remove Crust by → Potassium Permanganate.
2. Topical Anti-Biotic → Fusidic acid (Cream or Ointment).
3. In Sever Cases → Systemic Anti-Biotic.

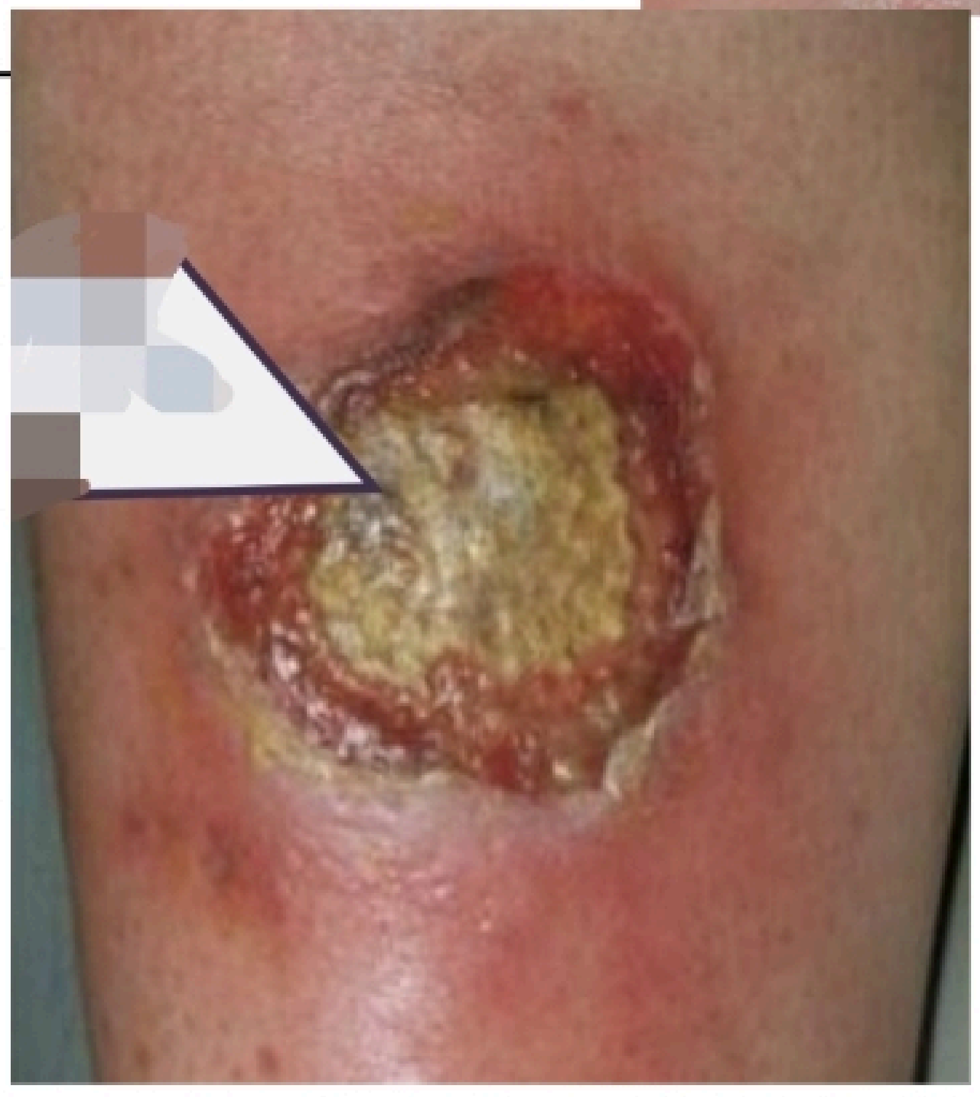


* *Ecthyma*

It is a Deep Bacterial Infection affect **Epidermis** & **Dermis** Caused by Staphylococcus & Streptococcus affect Mainly Thigh & Buttocks of Old.

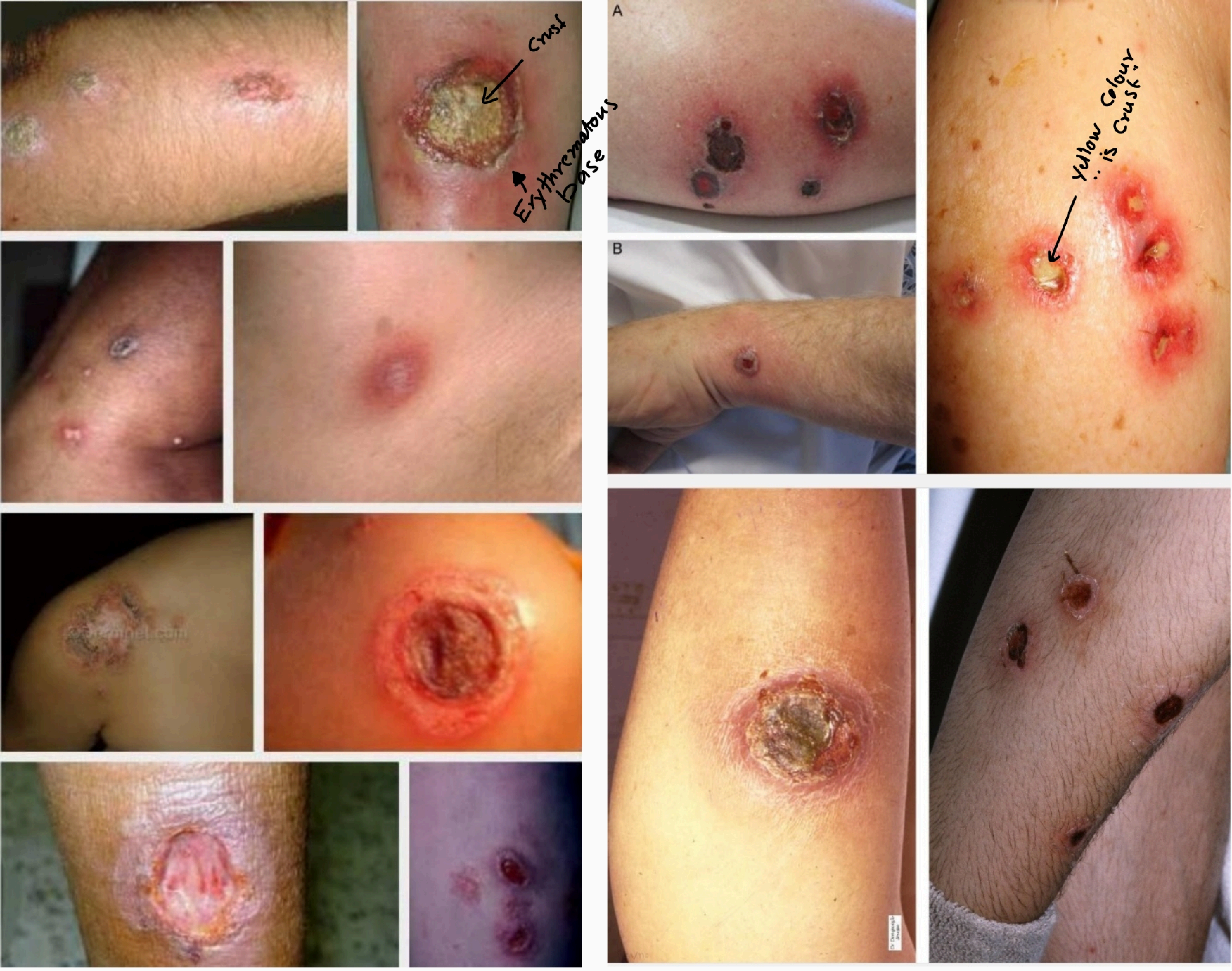
Clinical Picture of Ecthyma: the primary lesion may be [vesicle
Nodule] we know this from Hx
Adherent Dark Crust with Ulcer below it Healing With Scar.
Usually associated with Fever and Enlargement of Lymph Nodes.

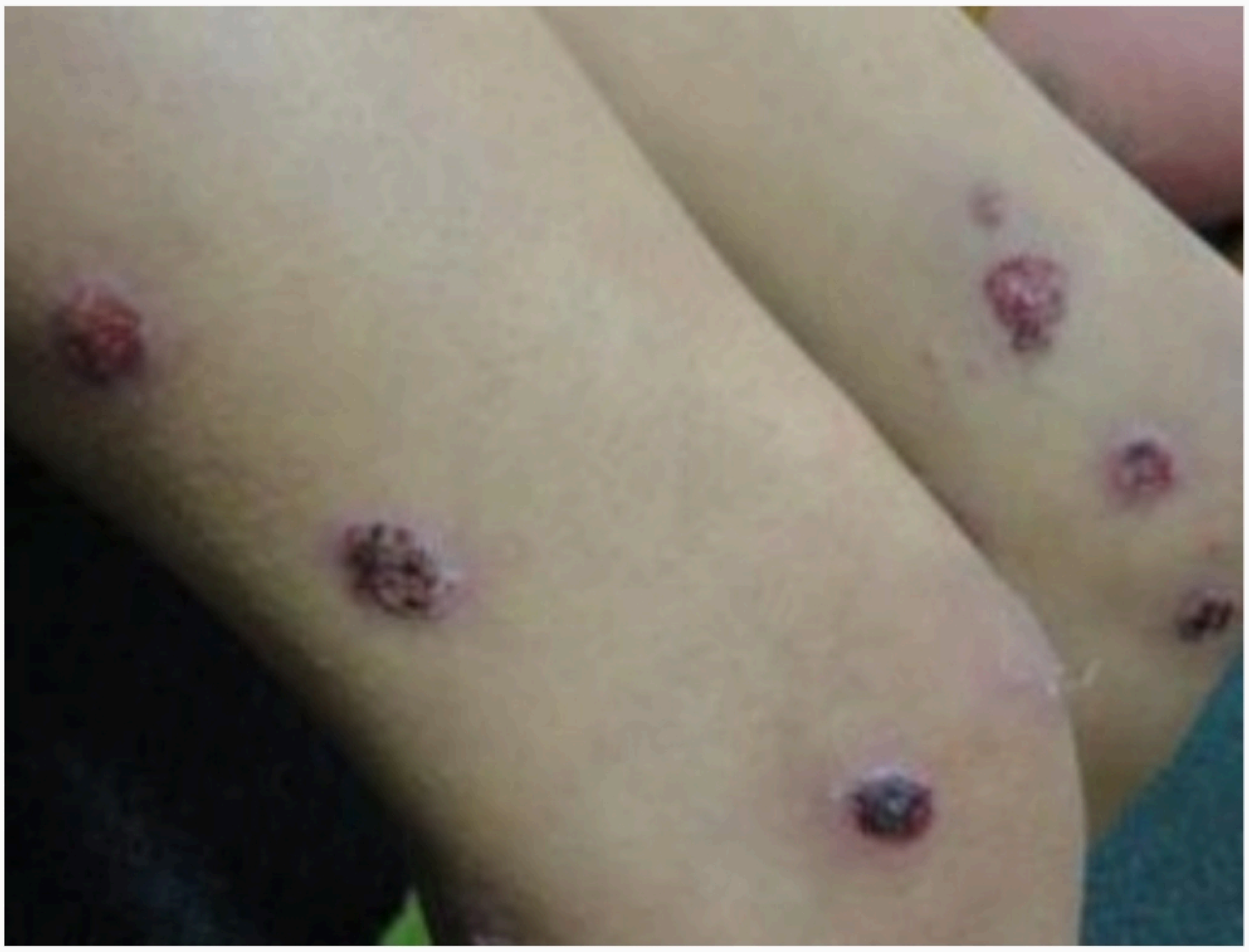
- **Sites:** Lower Limbs, Thigh, Buttocks, Legs.



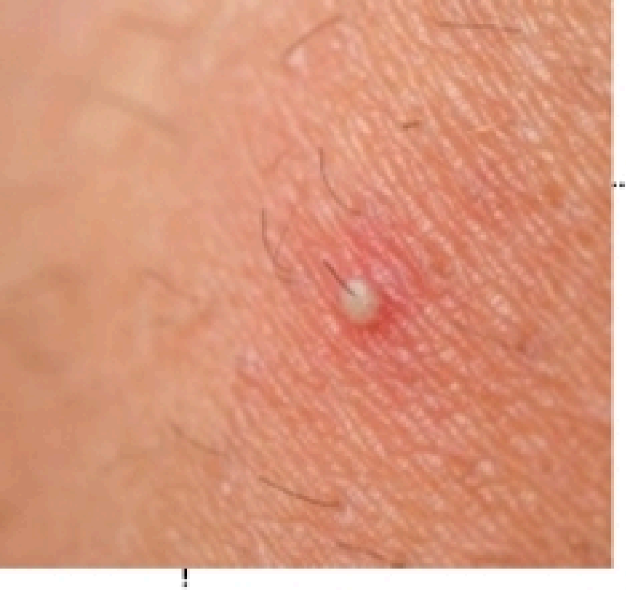
- **Treatment of Ecthyma:**

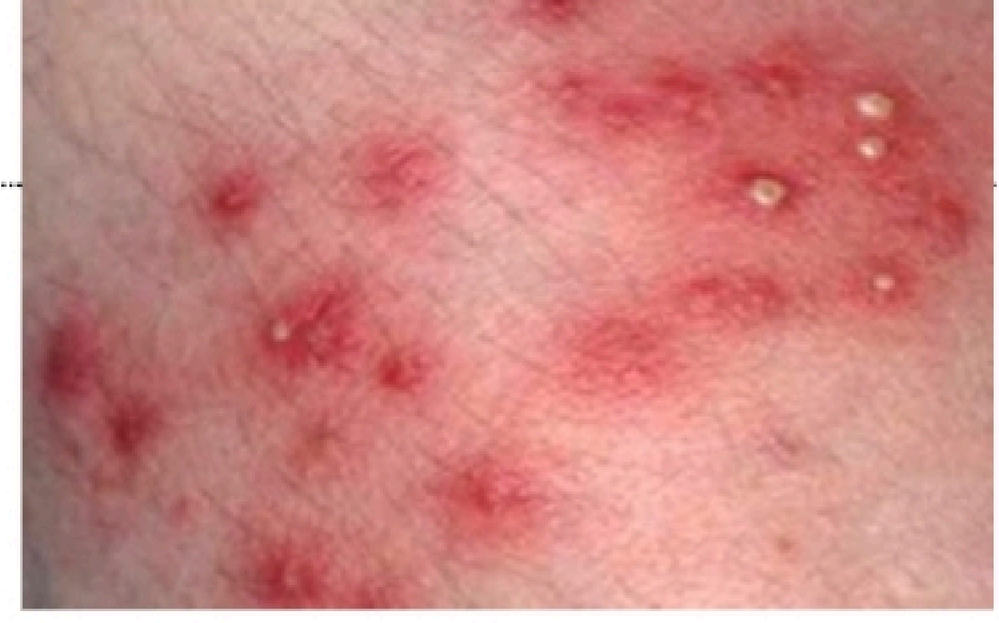
1. Remove Crust by → Potassium Permanganate.
2. Topical Anti-Biotic → Fusidic acid (Cream or Ointment).
3. In Sever Cases → Systemic Anti-Biotic

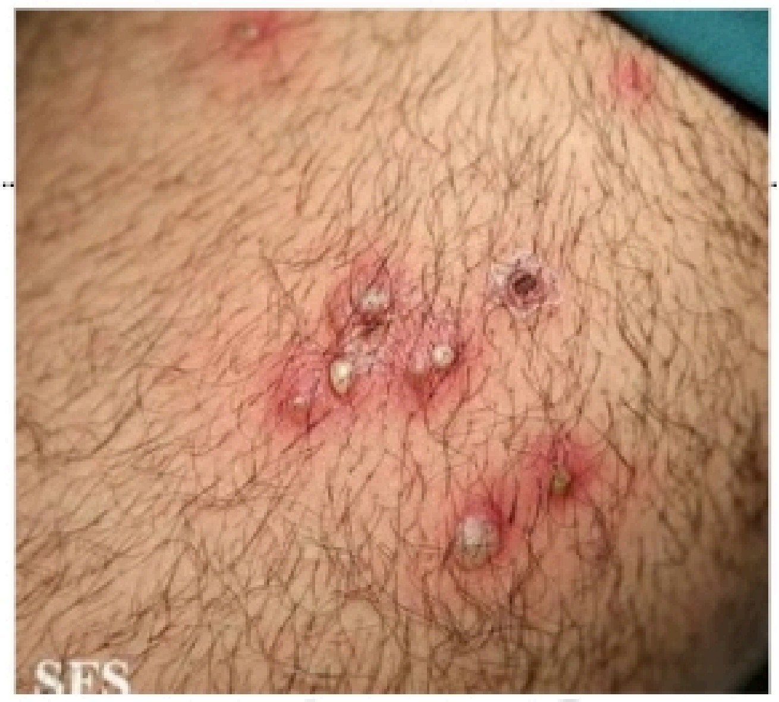

Crust
Erythrematous base
A
B
Yellow Colour ∴ is Crust.

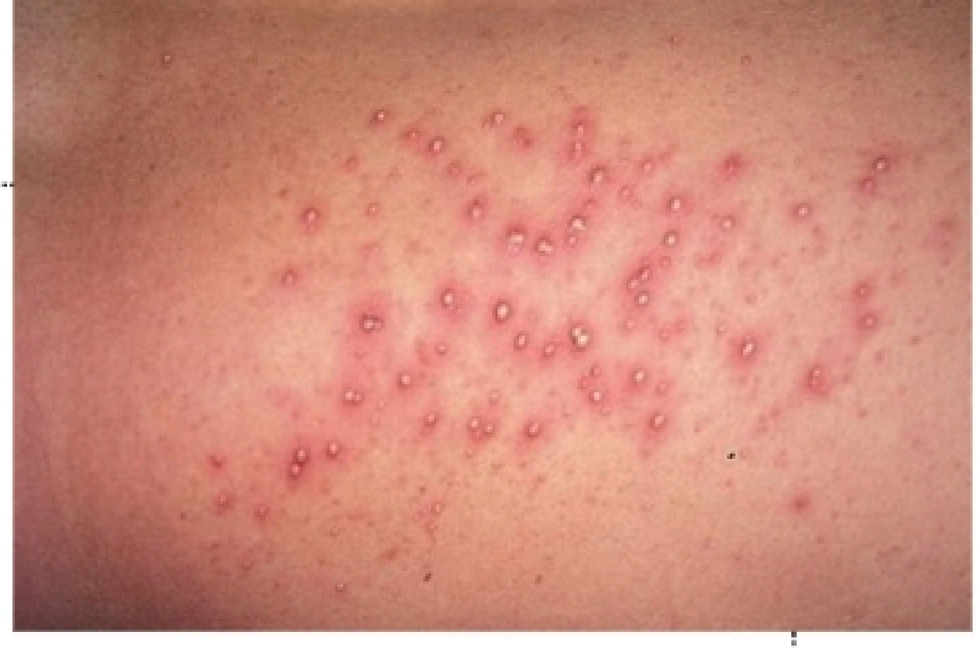


Ecthyma









* *Superficial Folliculitis*

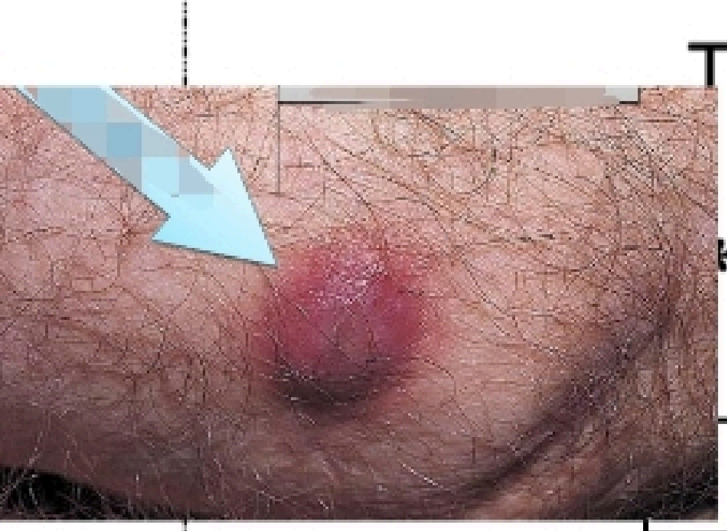
Inflammation of Hair Follicle Commonly Caused by Staphylococcus Auras, Common in Children, affects Scalp, Limbs, Trunk, & Axilla.

Clinical Pictures of Superficial Folliculitis:
Small Pustules on Erythematous Base.

- **Sites:** Scalp, Limbs, Trunk, & Axilla.

- **Treatment of Superficial Folliculitis:**

Topical Anti-Biotic → Fucidine Ointment.

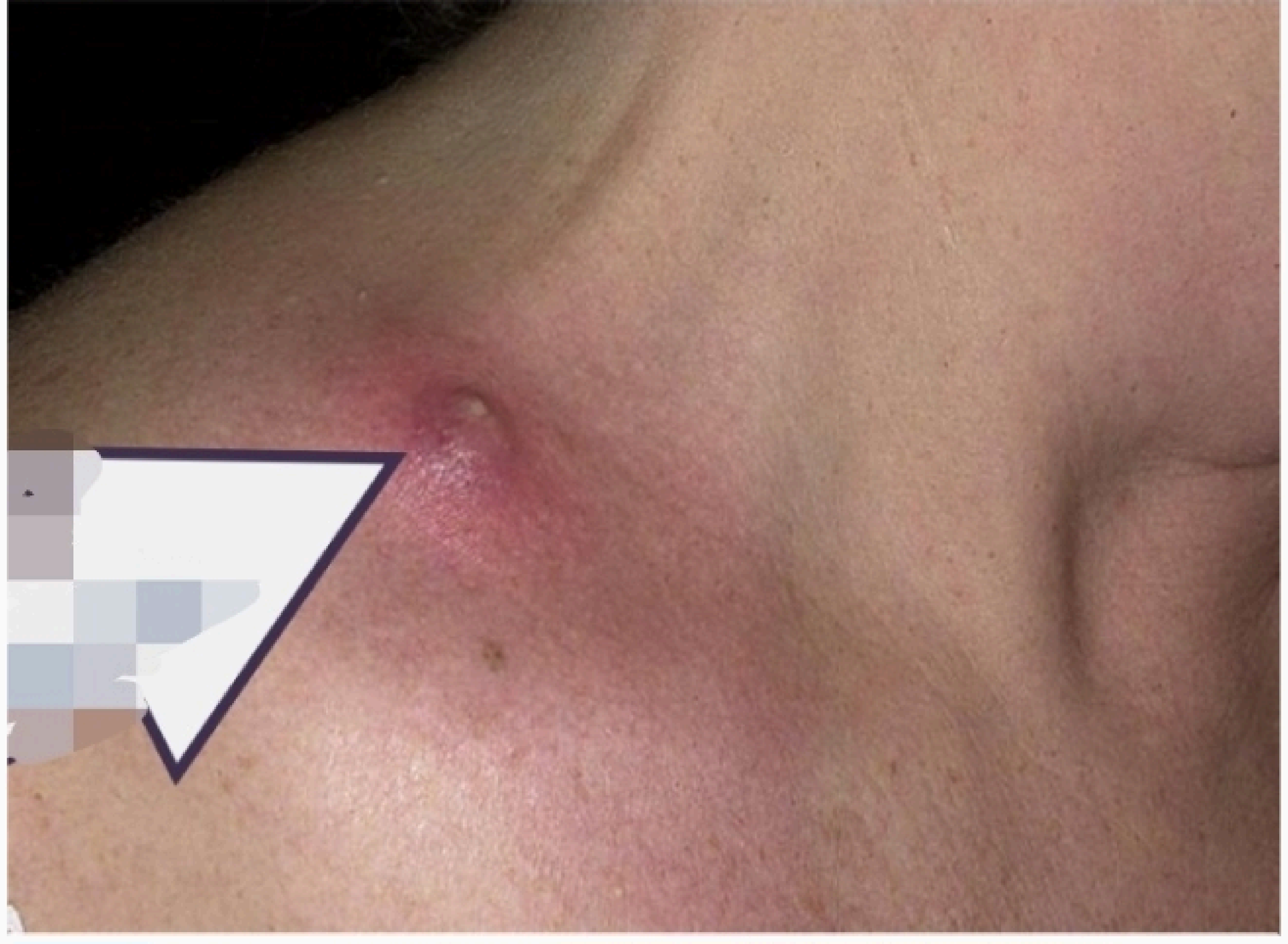


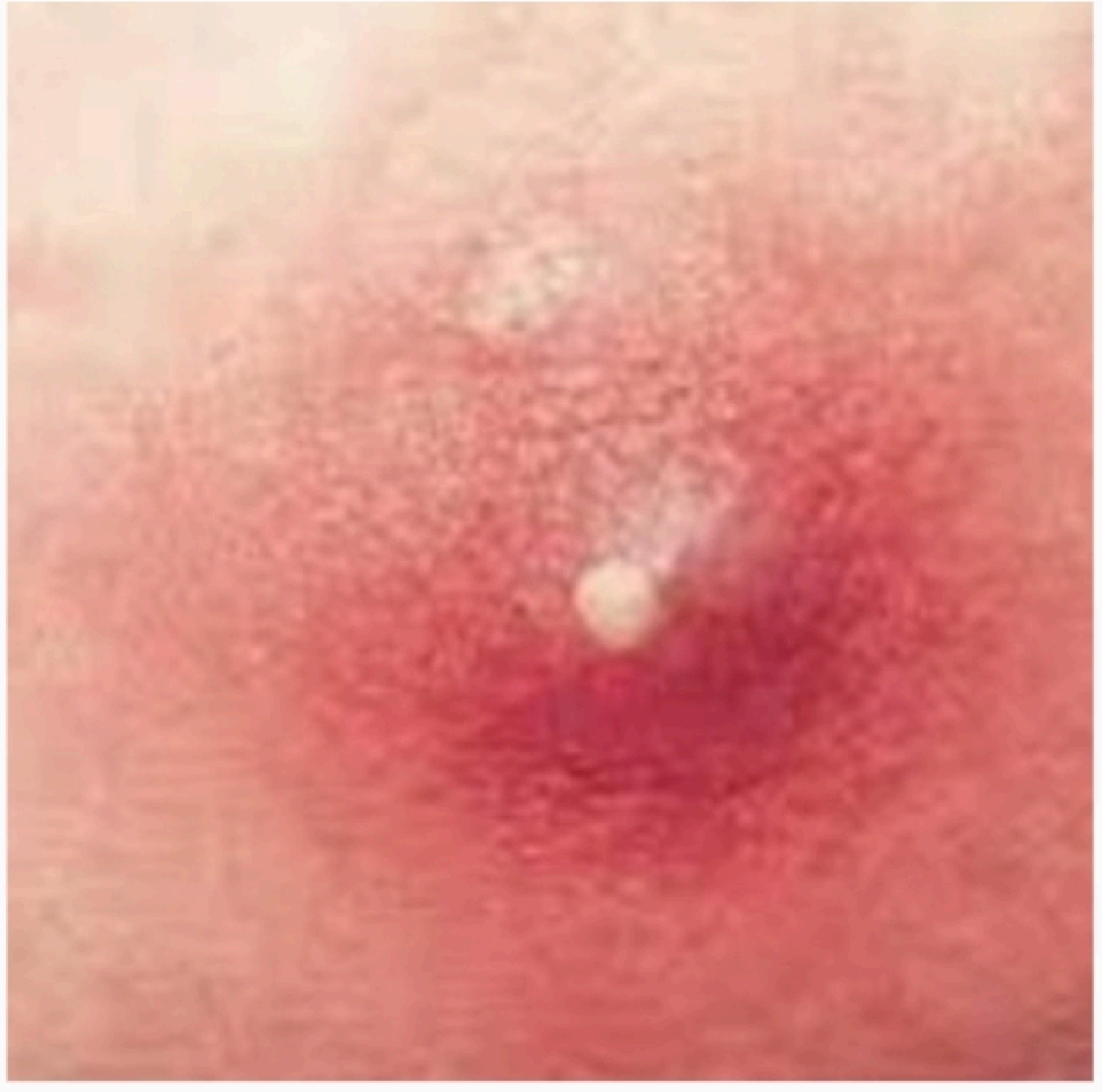
* *Deep Folliculitis*

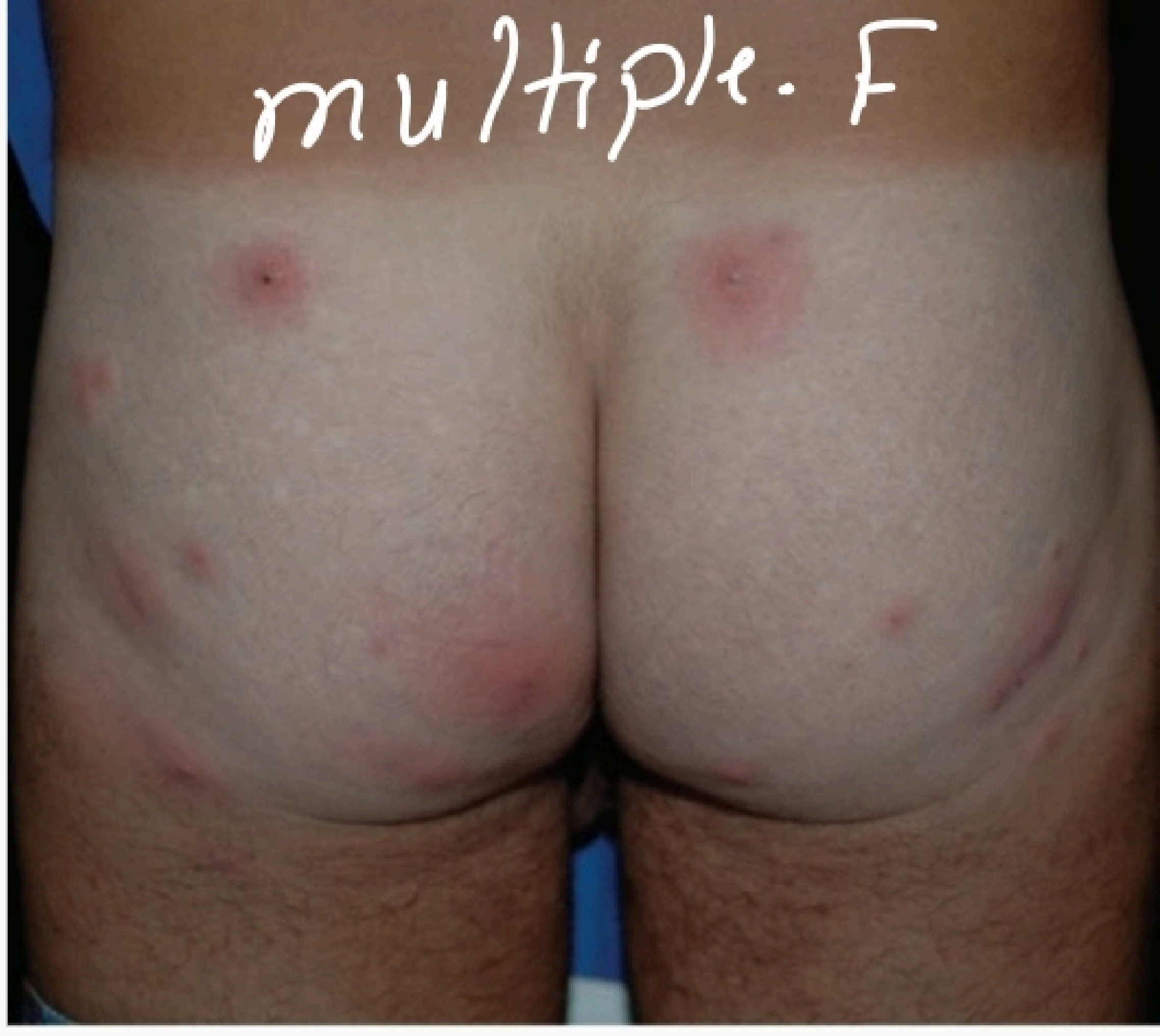
Staph affect Single/multiple Hair.F but Deep, then inflamm... response against the bacteria occure leads to formation of painful nodule
↓
then pus formation insite the nodule

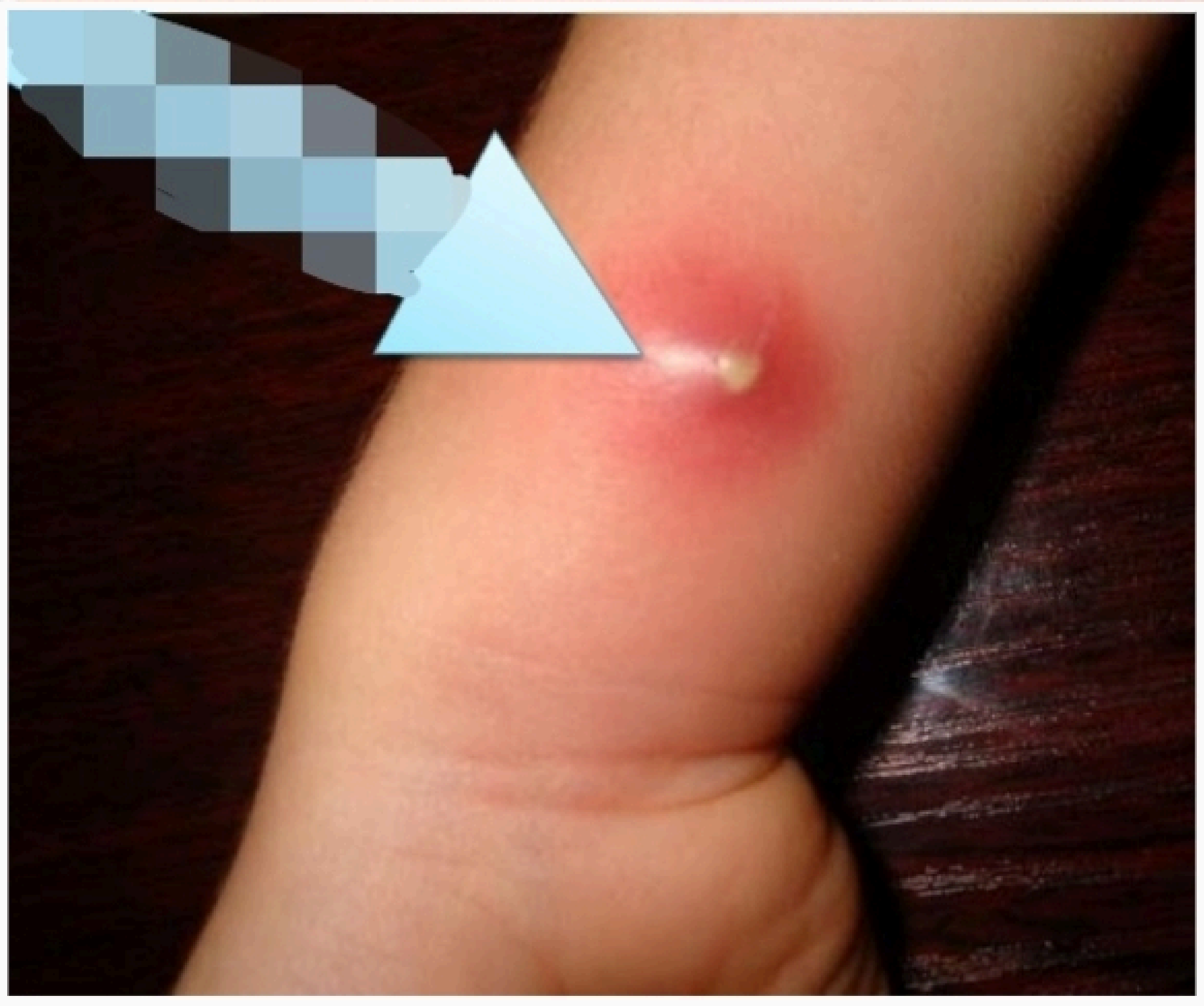
Single "Furncle" — multiple "Carbuncle" → Sinus

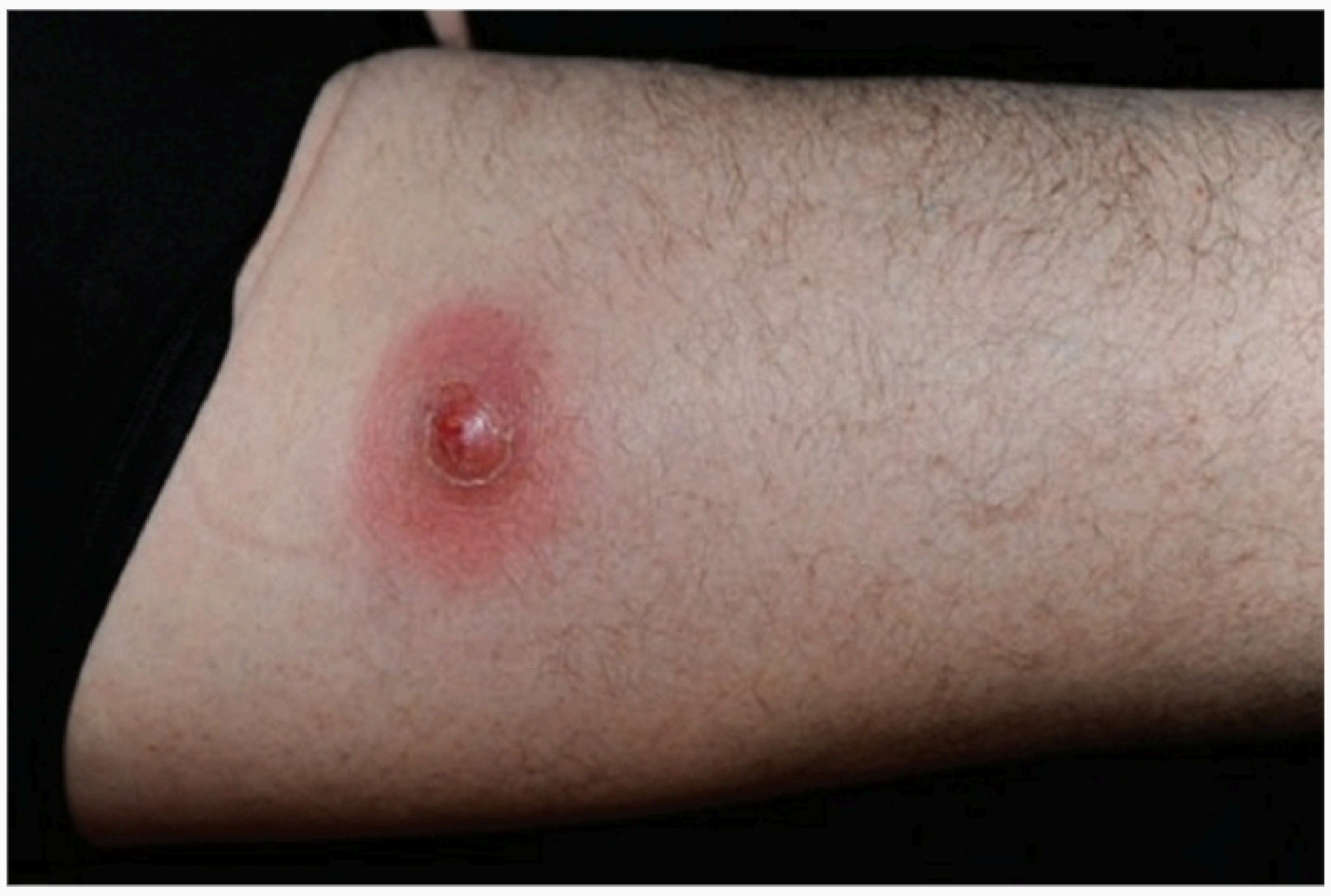
	Furuncle "Boil"	***Carbuncle***	***Sycosis Barbae***
Definition	Acute infection of **Single** Hair Follicle Caused by Staphylococcus Auras. Single opening	**Multiple** Communicating Hair Follicles in the **Same** area become deeply infected with Staphylococcus Auras. Multiple opening	Also known as "Pseudosycosis Barbae"
Age	Common in Adult Male.	Common in Middle and Old Age.	Common in Male After Puberty.
Sites	**Face**, Neck, Buttocks.	**Back of the Neck**, Knee, and Groin region.	Beard area.
Clinical Pictures	Tender, Red Nodule Discharging Pus from ***Single Opening***, Heals With Scar.	Tender, Red Nodule Discharging Pus through ***Multiple Openings***, Heals With Scar.	Pustules on Erythematous Indurated base.
Treatment	**1.** Drainage of Abscess if Large. **2.** Topical Anti-Biotic. **3.** Systemic Anti-Biotic.	**1.** Drainage of Abscess if Large. **2.** Topical Anti-Biotic. **3.** Systemic Anti-Biotic.	Topical Anti-Biotic → Fucidine
Notes	*When Furuncle Occur in the Face at level above upper Lip; It is Very Serious; Because Pass into ***Cavernous Venous Sinus*** Causing→ ***Cavernous Sinus Thrombosis***. *Furunculosis means → Multiple Furuncles Lesion in Different areas.	****Predisposing Factors***: -DM. -Malnutrition. -Prolonged Steroids Therapy.	



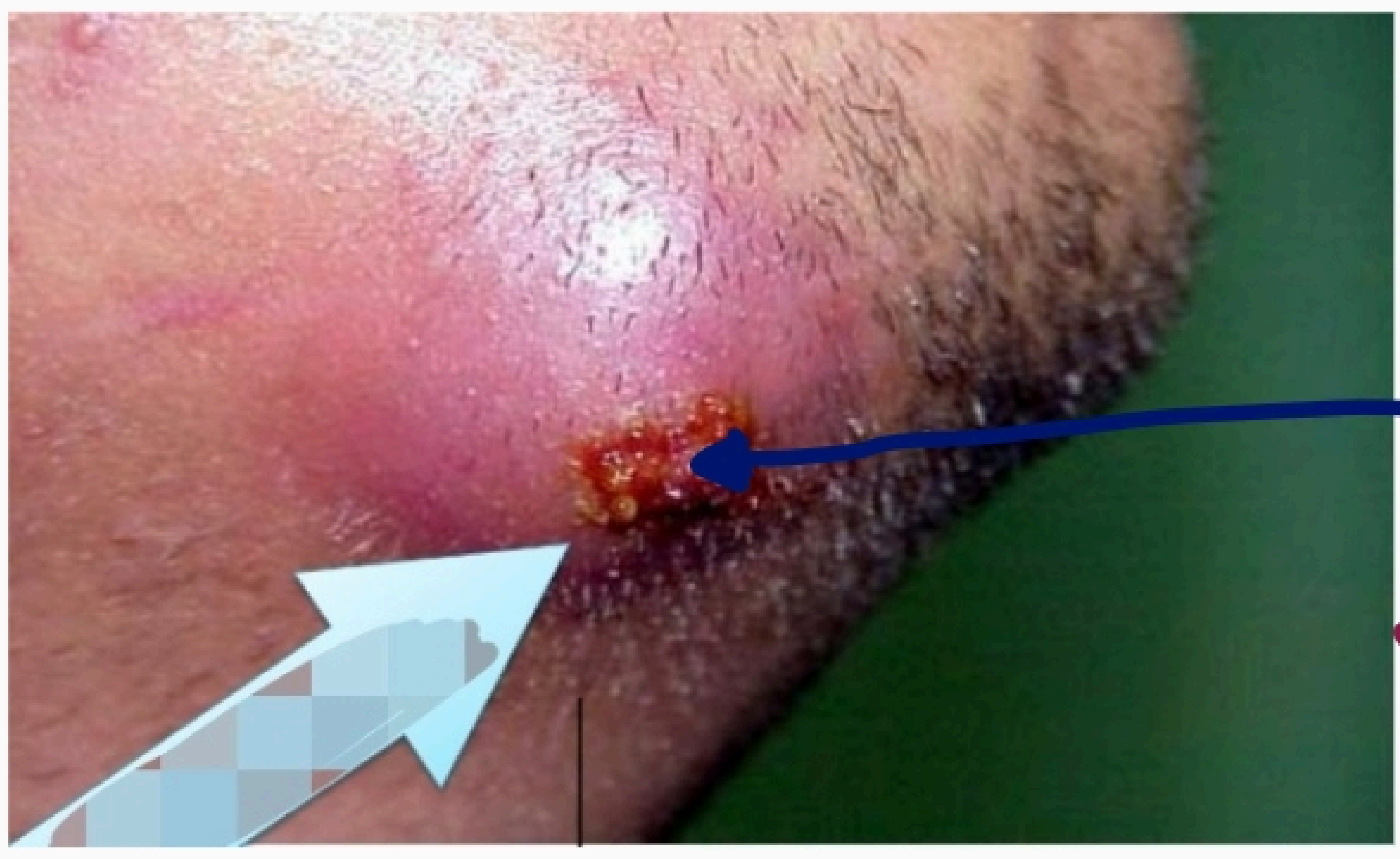








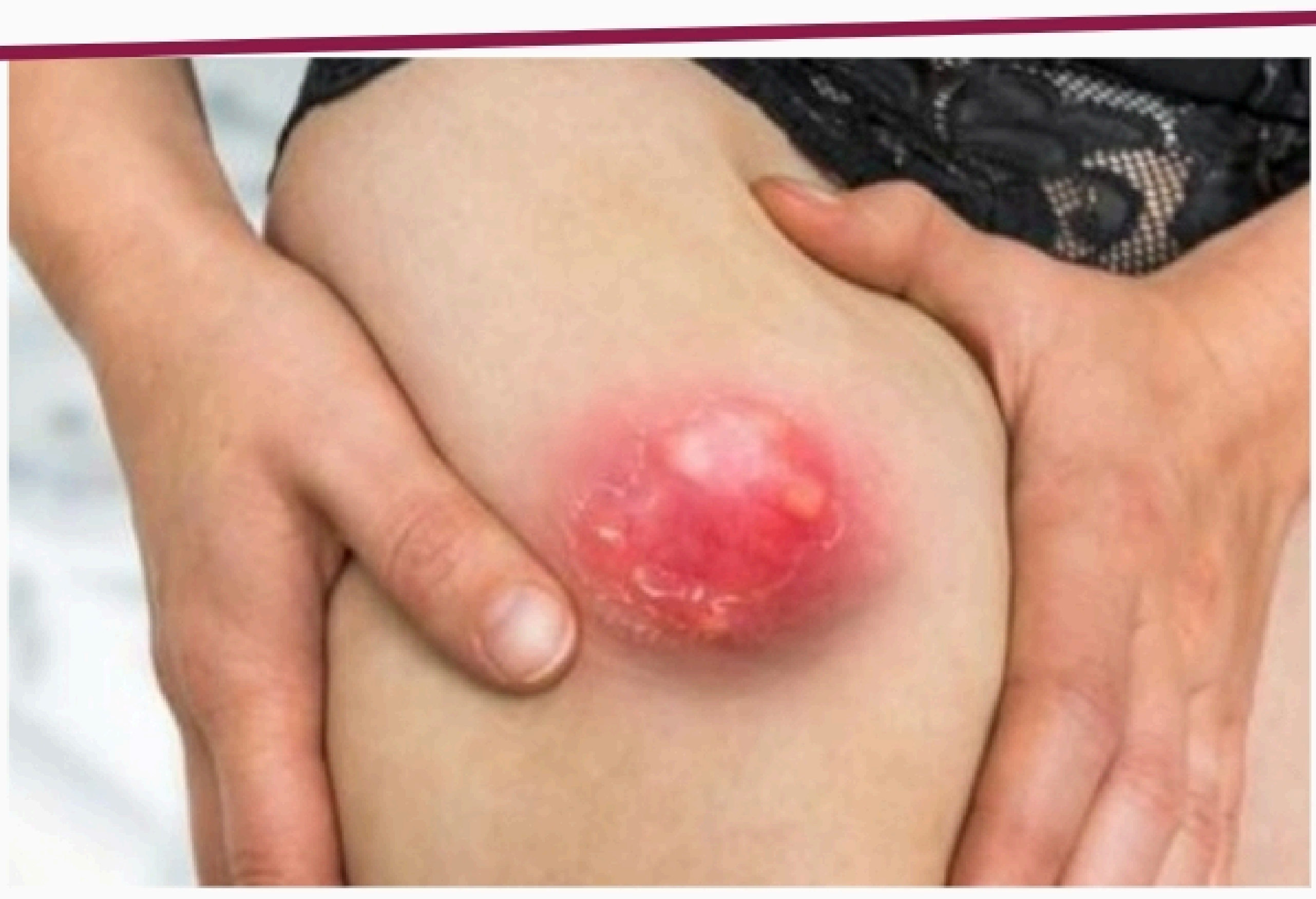
Furuncle

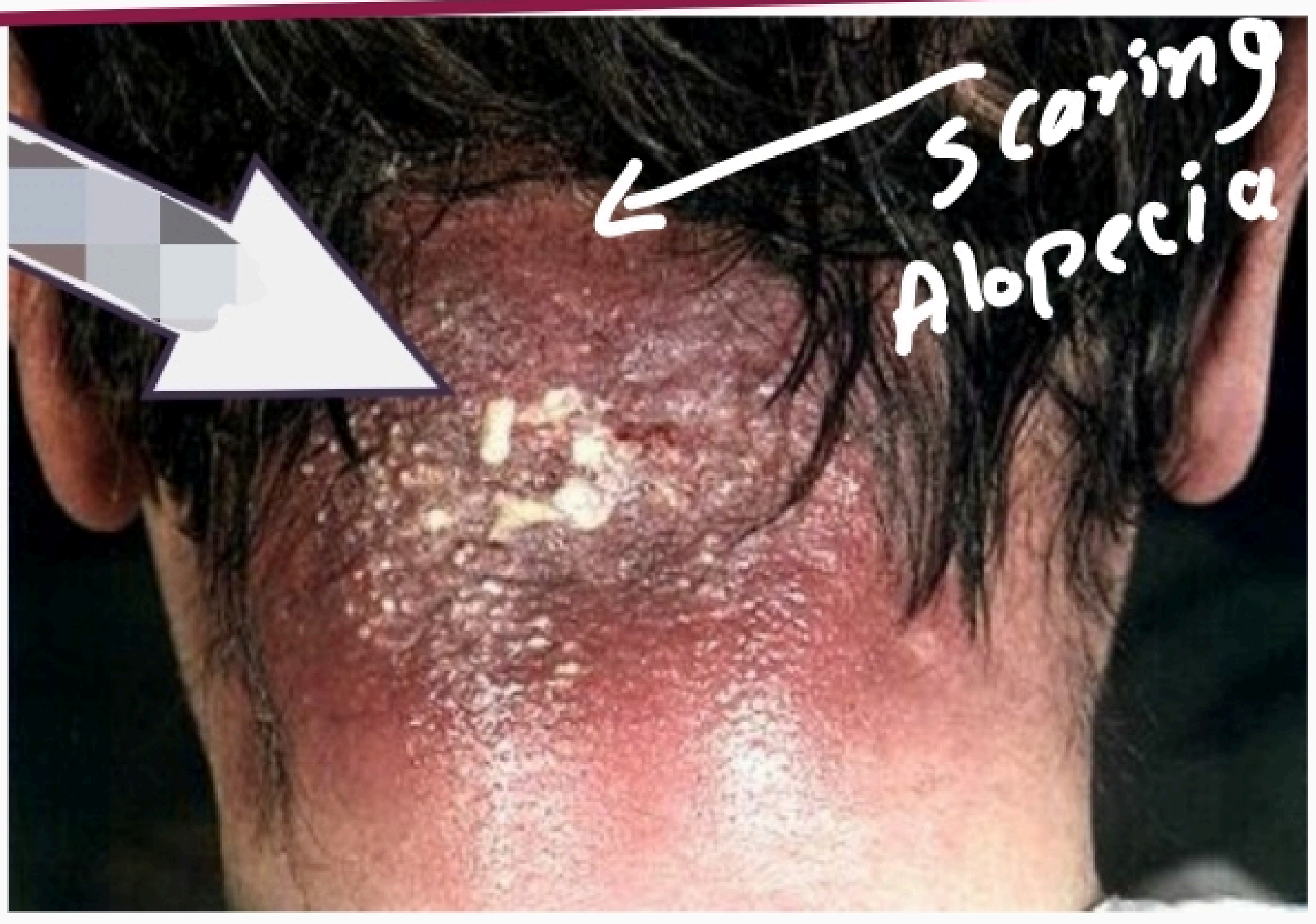


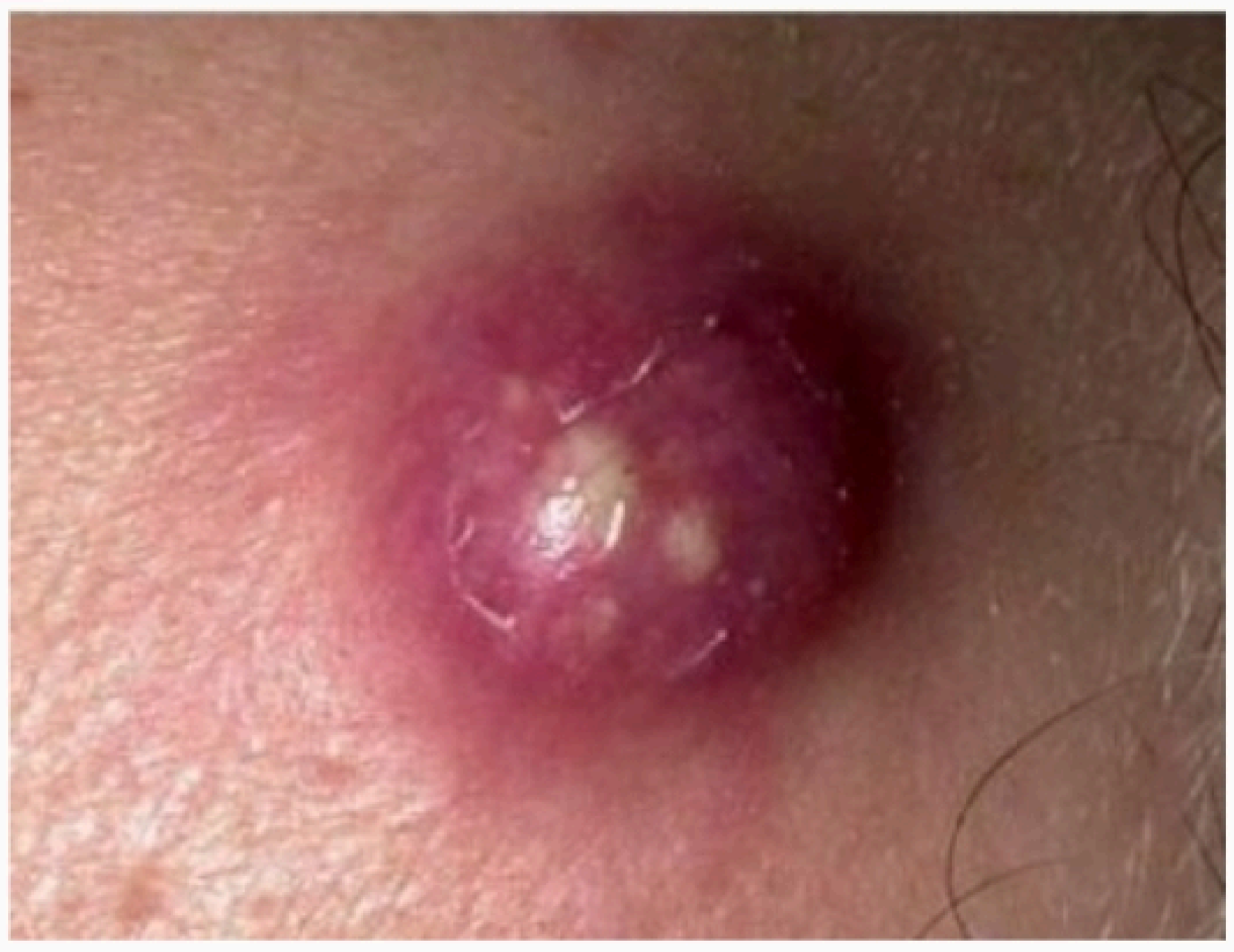
من الحالة هذي ما اقدر أميز هل هي
Furuncle آو Curbuncle ⇐ لذلك أولاً أبعد الـ Crust
ثم أسوي لها Squeeze

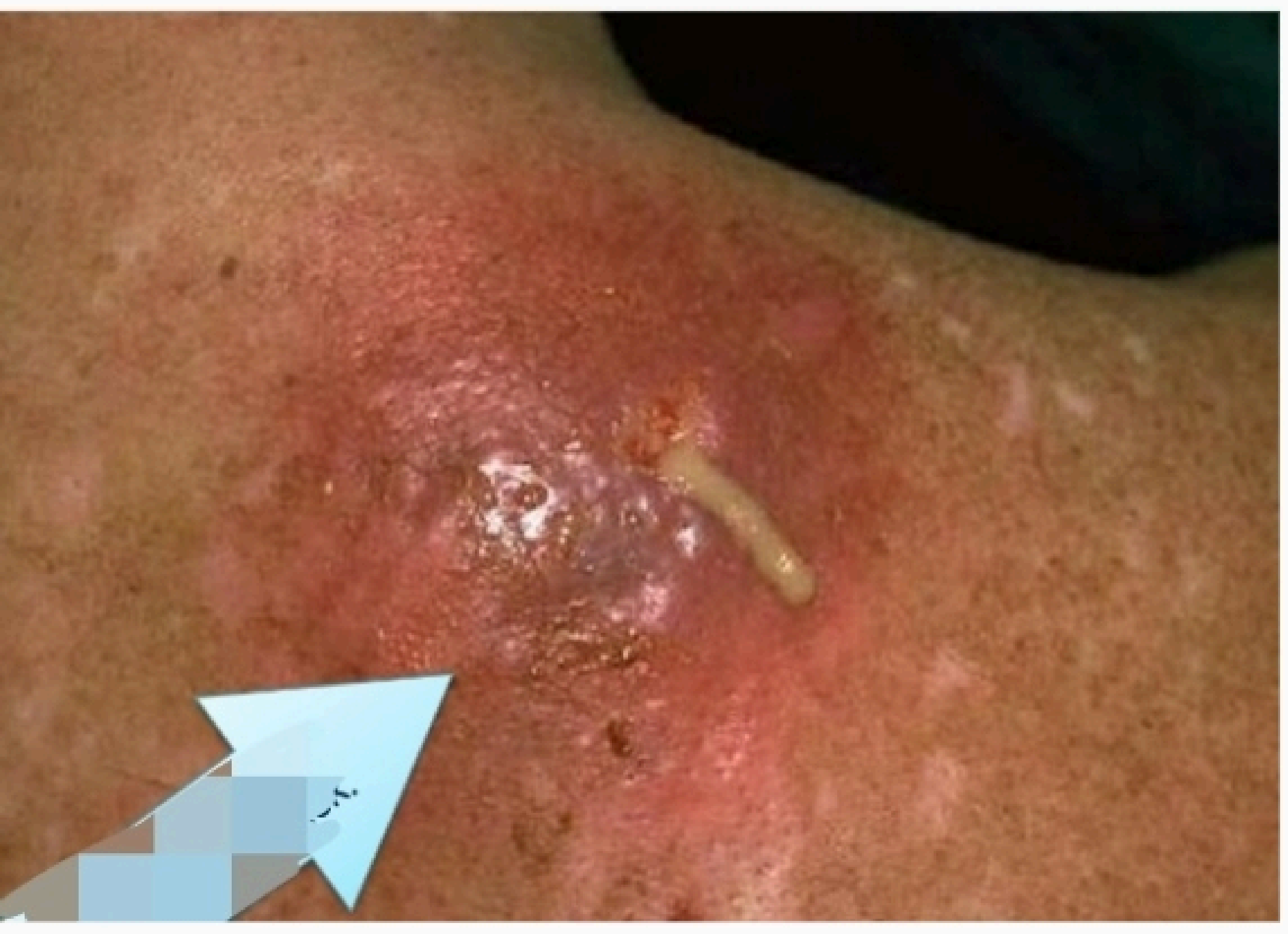
إذا طلع الـ pus من فتحة واحدة ⇐ Furun..

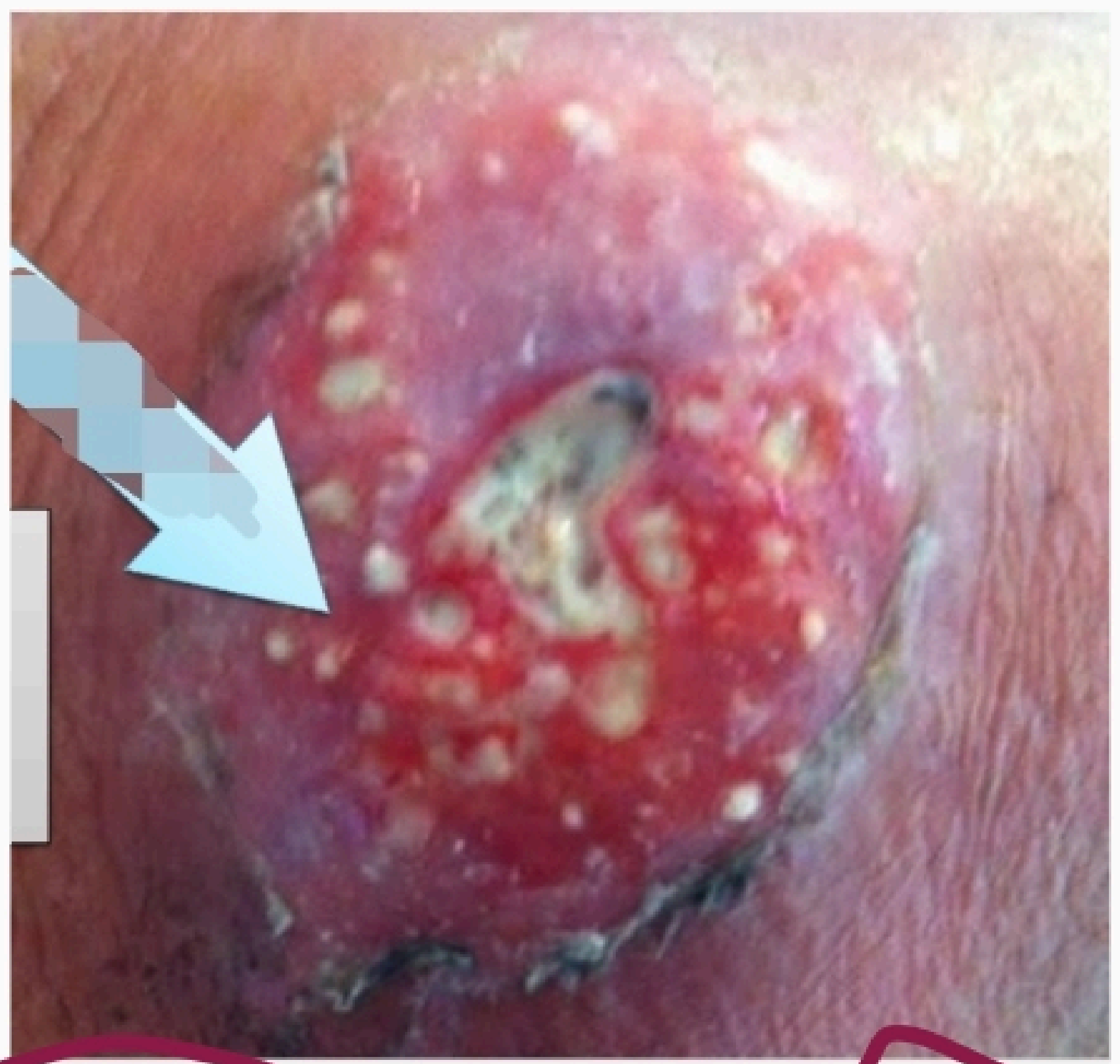
إذا طلع من فتحتين آو أكثر ⇐ Curbunle

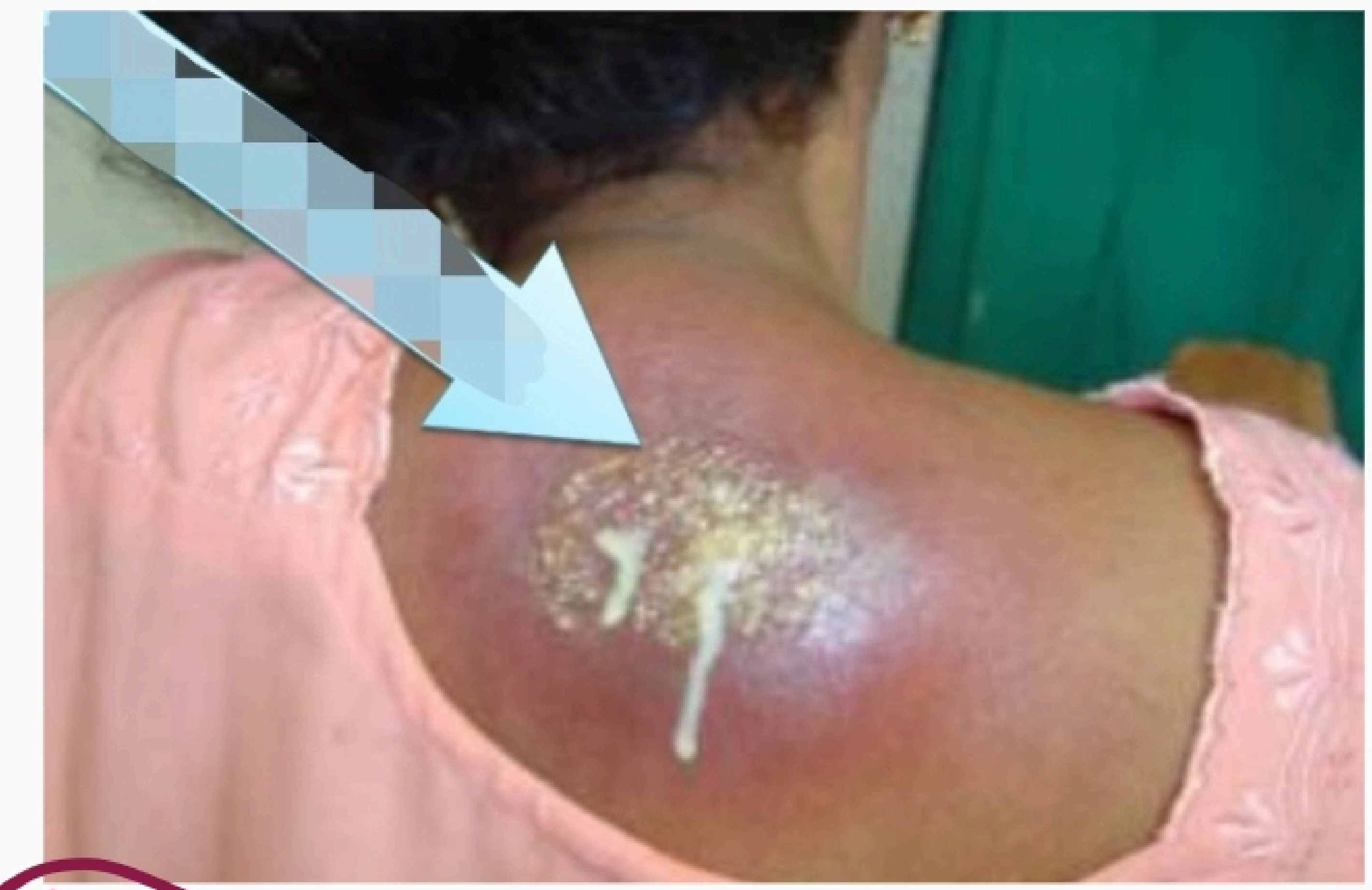



Scaring Alopecia

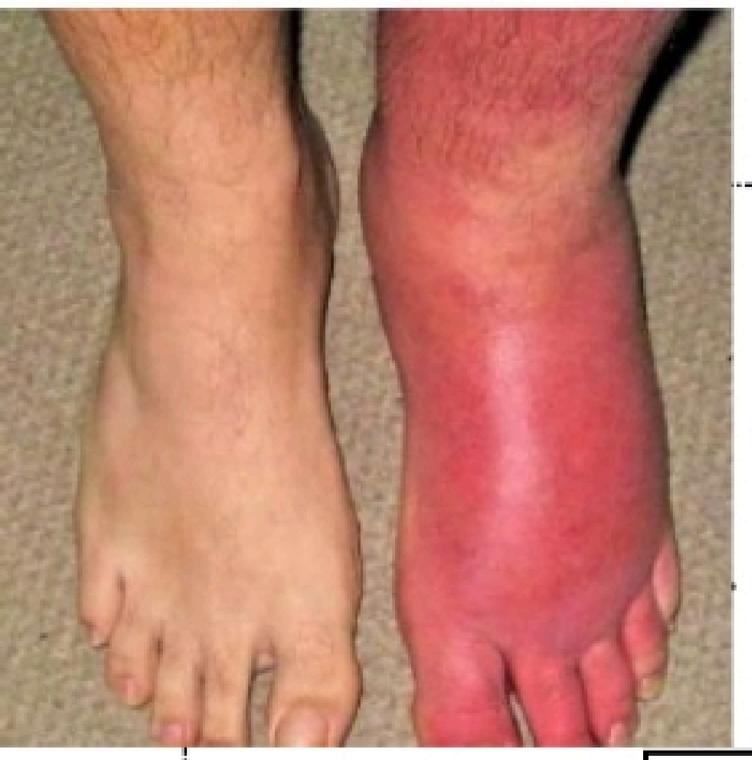




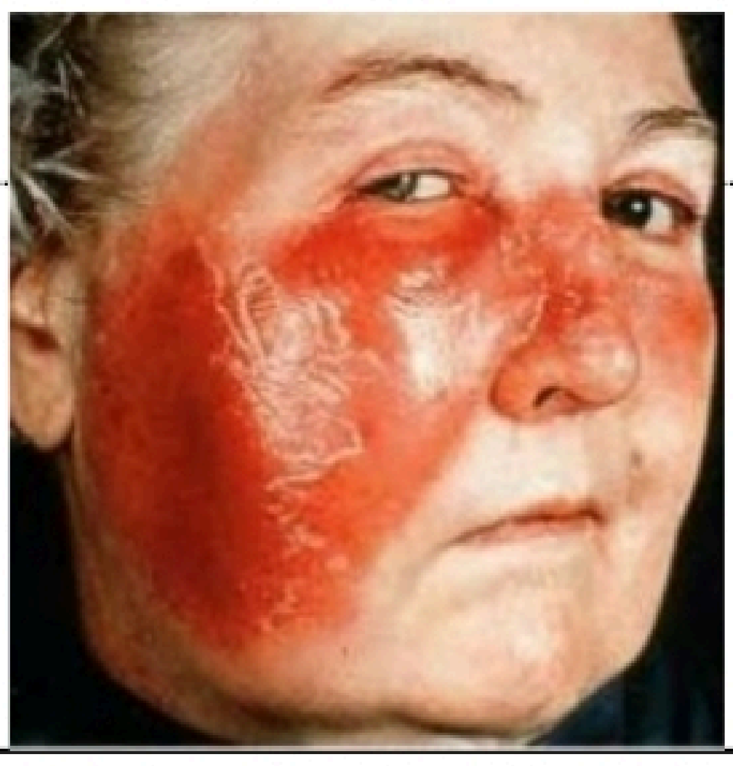


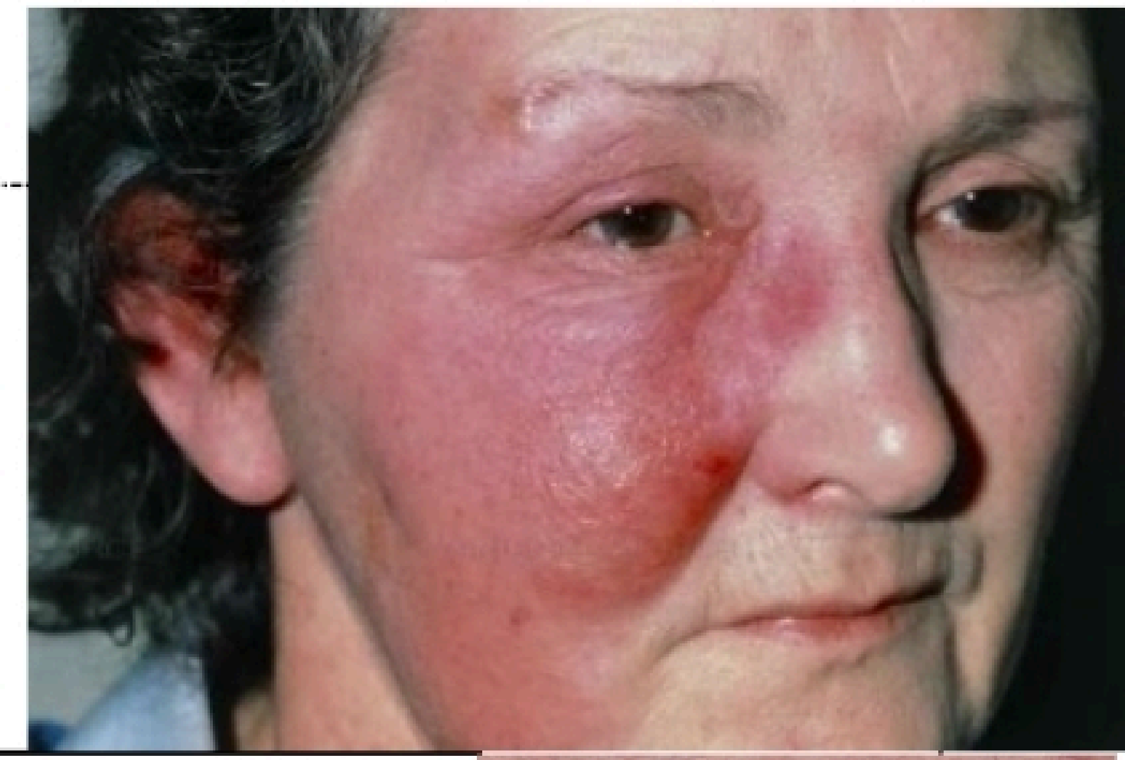


Curbuncle



Cellulitis* & **Erysipelas



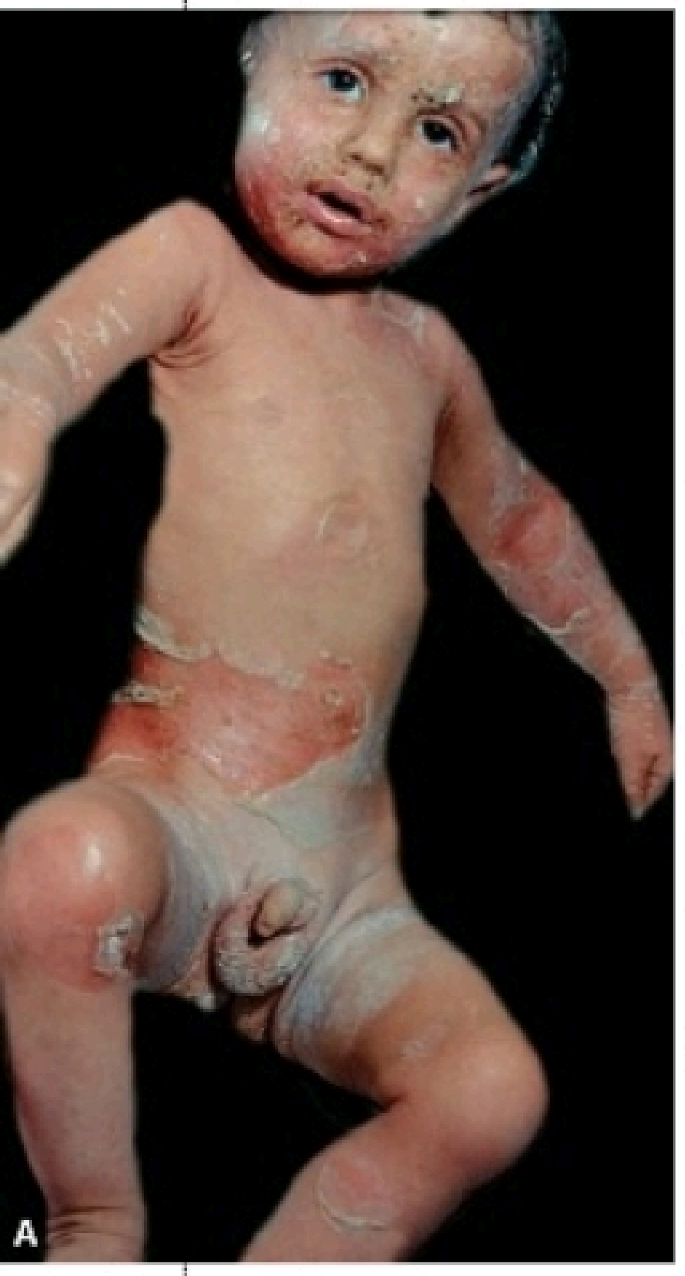


	Cellulitis	*Erysipelas*
Definition	***Deep*** Skin infection in ***Subcutaneous*** Tissue.	***Superficial*** Skin infection in ***Dermis***.
Sites	Common in **Legs & Feet**.	Common in **Face**.
Clinical Pictures	Dark Dull Red, **ill-defined** border, Tender, Large area.	Bright Red, **Well-defined** border Bulla. Also associated with Fever & Malaise.
Cause	Streptococcus, Staphylococcus, H.Influenza in Children.	Caused by → Streptococcus. لأنه واحد → Superficial
Management	**1.** Complete Bed Rest. **2.** Compress Stocks & Elevation of the Leg. **3.** Local & Systemic Anti-Biotic. **4.** Surgical Debridement.	**1.** Complete Bed Rest. **2.** Compress Stocks & Elevation of the Leg if Lesion was in the Leg. **3.** Local & Systemic Anti-Biotic. "Streptococcus-->Penicillin"
D\D	Erysipelas, Insect Bite, DVT.	Cellulitis, Dermatitis.

- Complication of Cellulitis & Erysipelas:

1. Subcutaneous Abscess, **2.** Septicemia, 3. Lymphadenitis, 4. Osteomyelitis, 5. Nephritis.

If Both Cellulitis & Erysipelas not Treated→ Damage of Lymphatic System→ Lymph Edema



- ***Staphylococcal Scalded Skin Syndrome "SSSS"***

Also known as **Epidermolytic Toxica**, Caused by ***Serotoxin*** from Staphylococcus Auras.

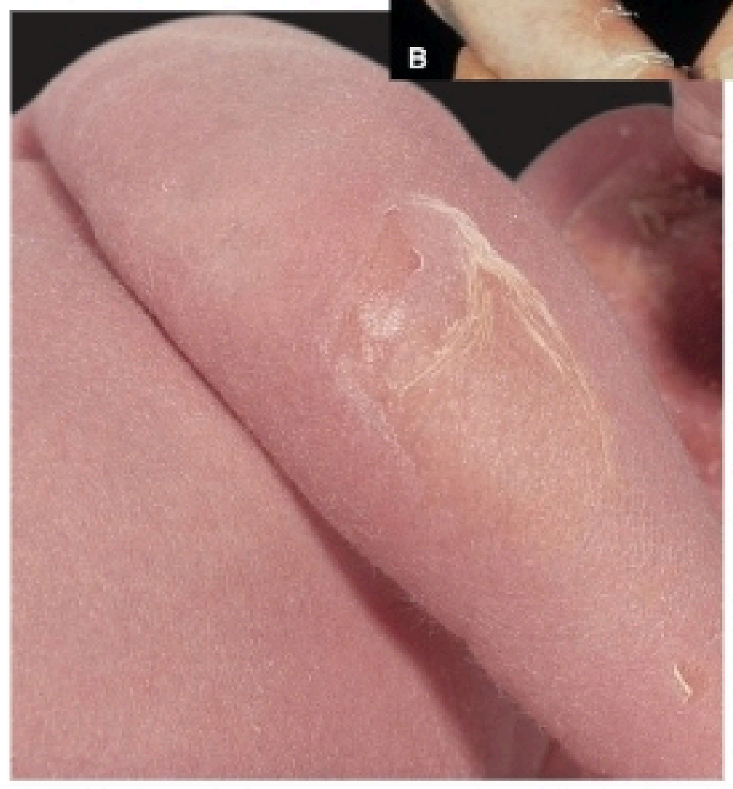
Serotoxin→ Lysis of Epidermis→ Blisters→ Separation of Epidermis→ ***Scalded Skin***.

- Treatment of "SSSS":

1. Good Personal Hygiene.

2. Local Treatment: Potassium Permanganate "for Crust" + Anti-Biotic Cream.

3. Systemic Treatment: Anti-Biotic "Staph→ Fluxacillin, Cloxacillin".



* ***Erythrasma***

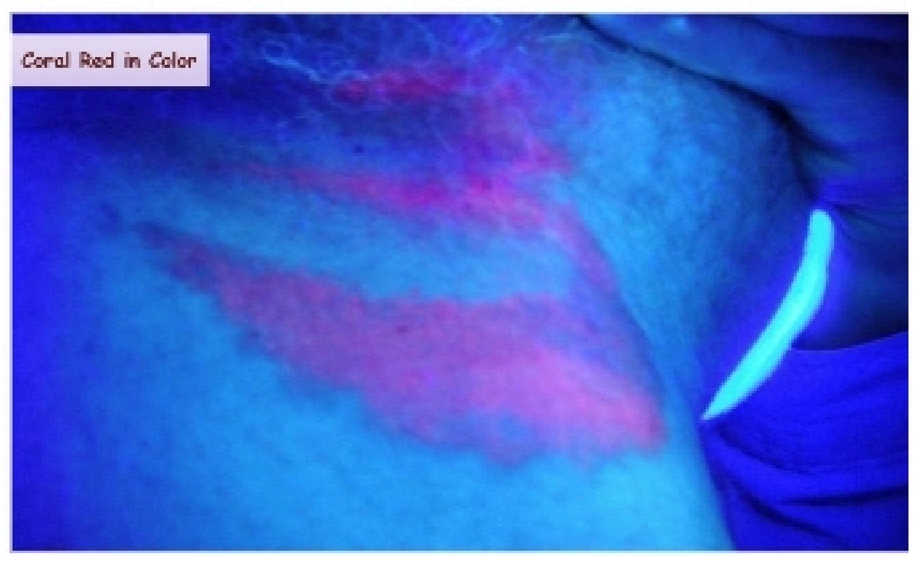
Chronic Skin Lesion Caused by ***Coryneabacterium Minutissimus*** "Gram Positive Bacilli".

Clinical Picture: Asymptomatic, Brown Red, Scaly Dry Patch, Irregular, well-Demarcated.

- Sites: Body Folds "Axilla, Submammary, Groin, Toe web Space between 4th & 5TH Finger"

- Diagnosis: أحمر مرجاني

Woods Lamp → ***Coral Red*** **F**lurescence.

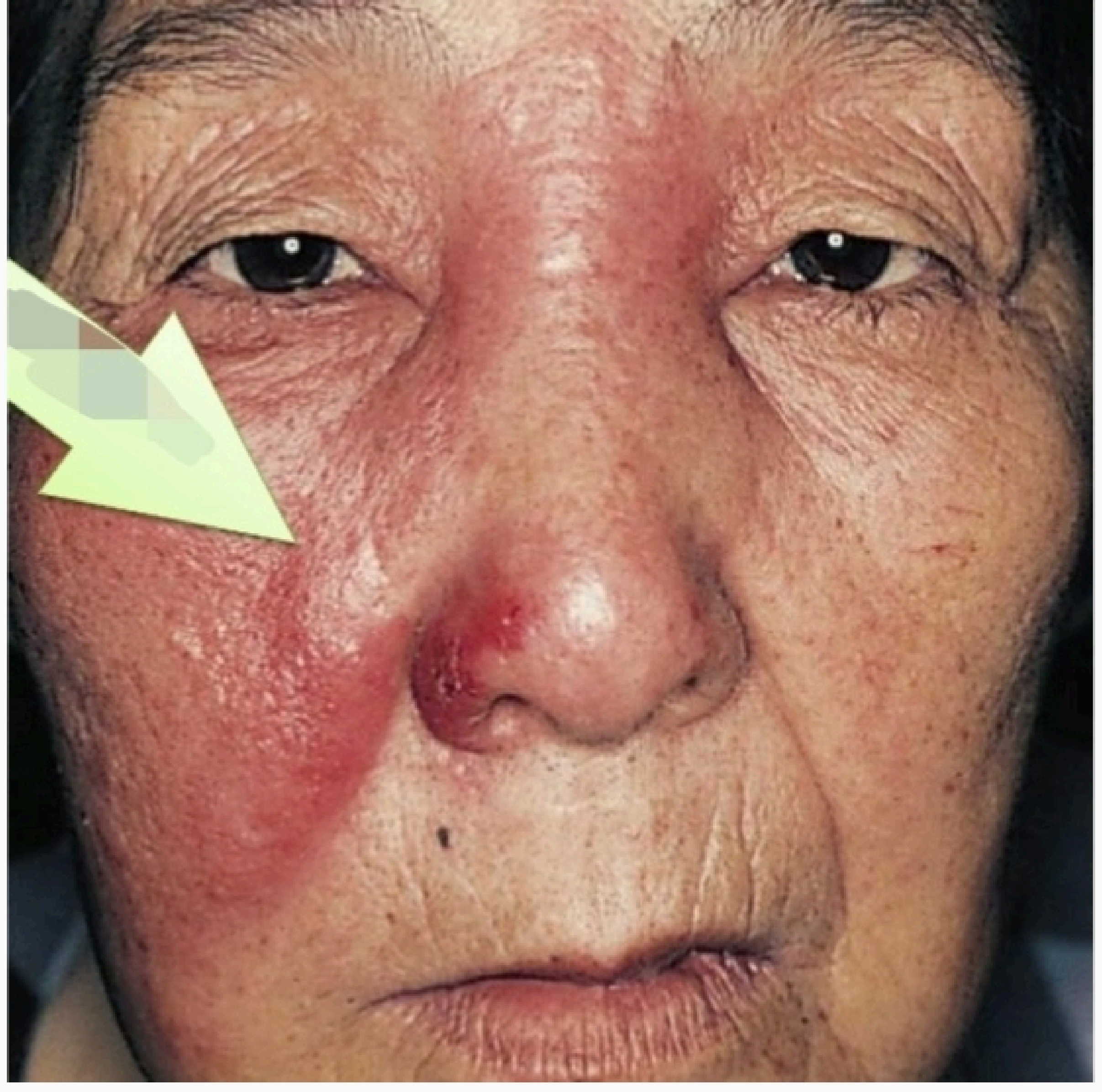


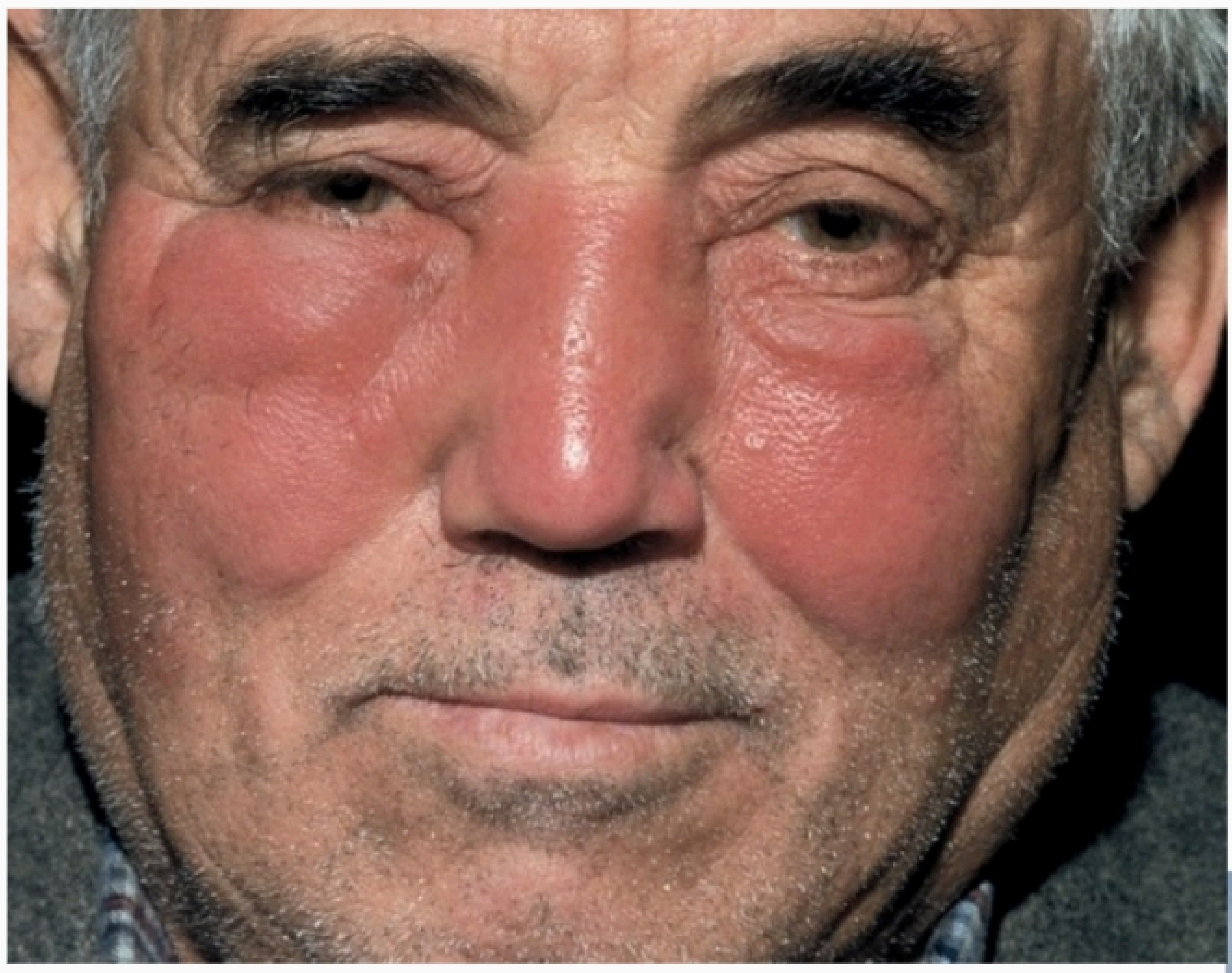
- Treatment of Erythrasma:

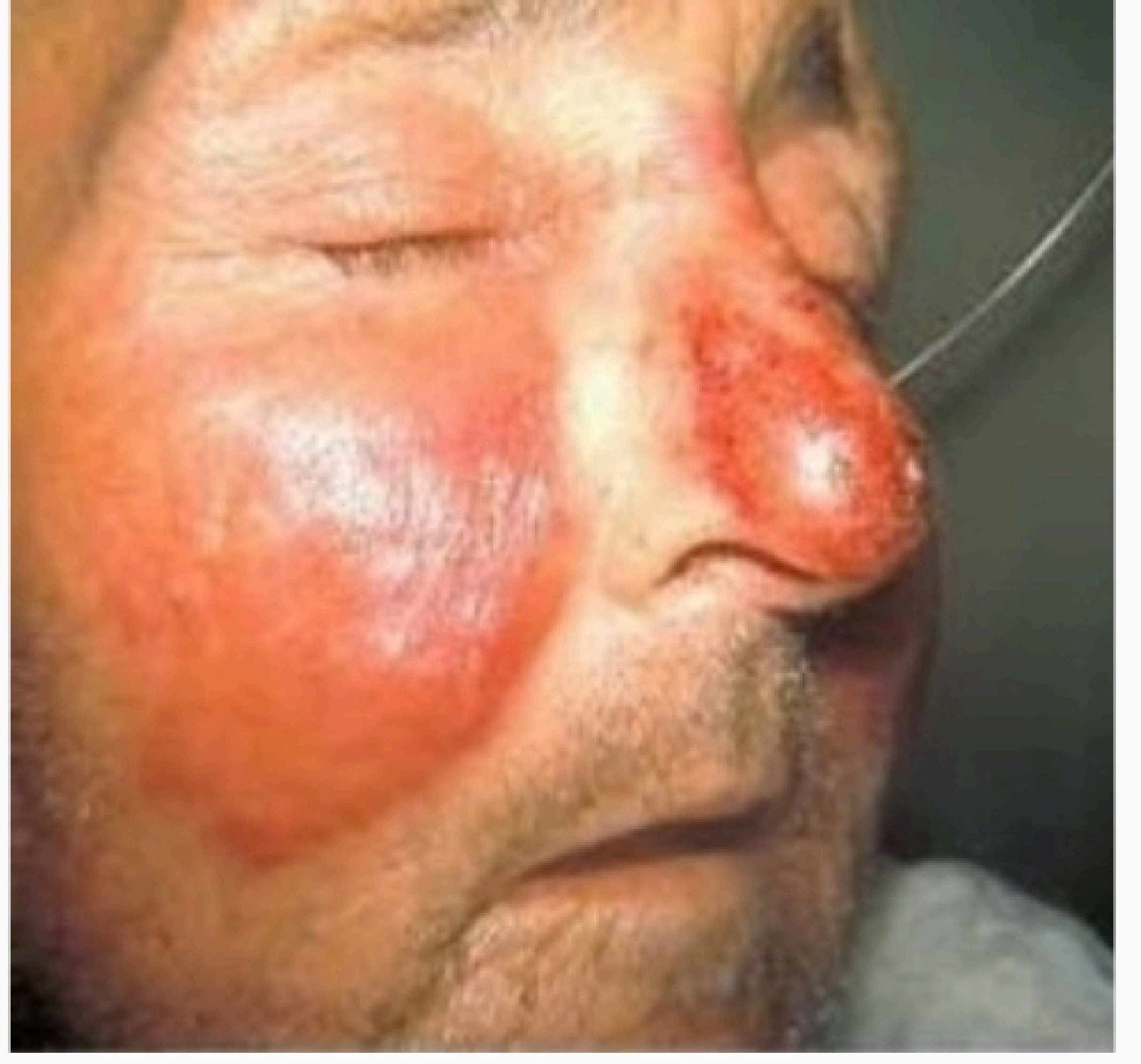
1. Anti-Biotic → Erythromycin.

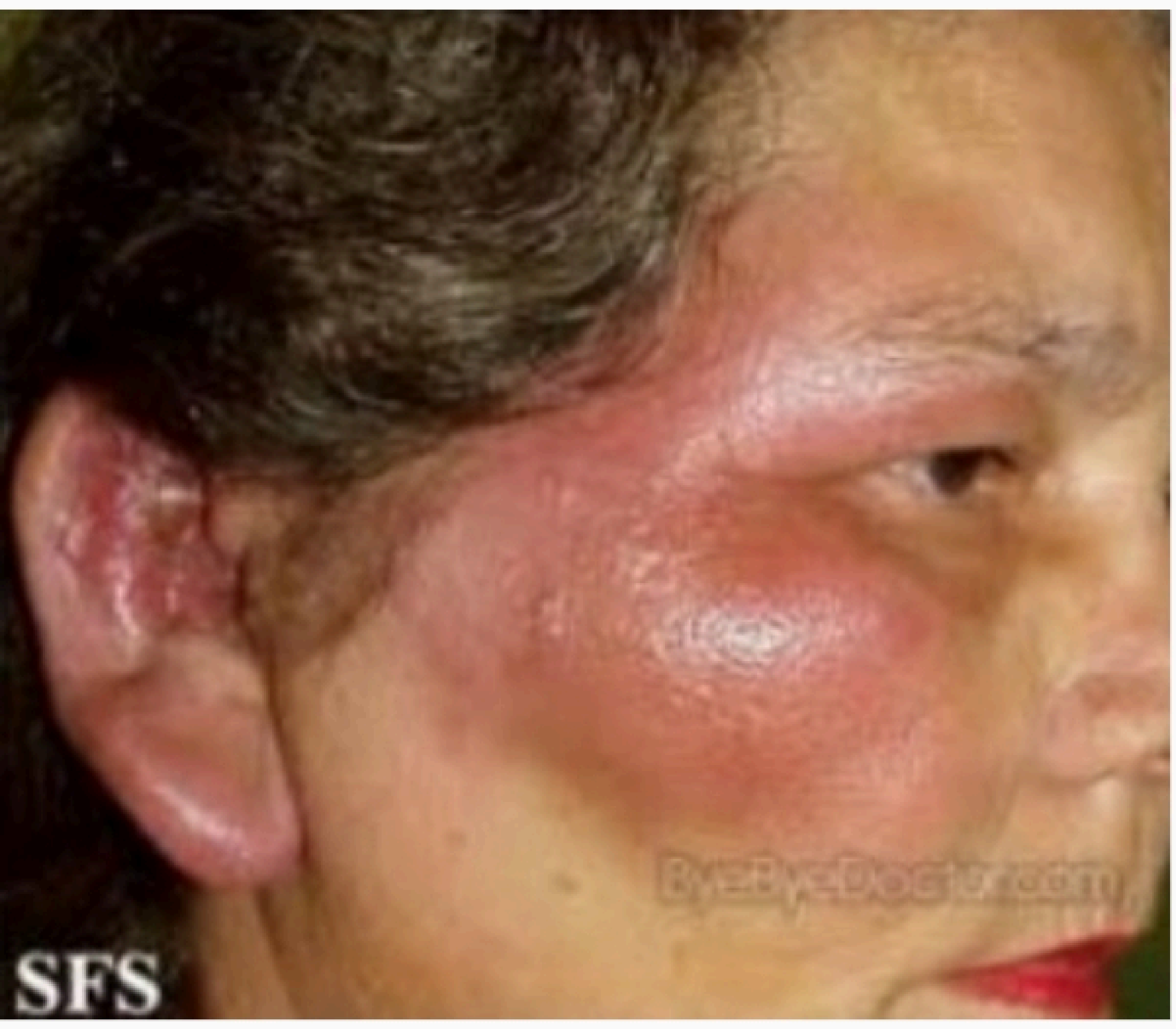
2. Anti-Fungal → Topical Imidazole or Miconazole.

3. Benzyl Peroxide.

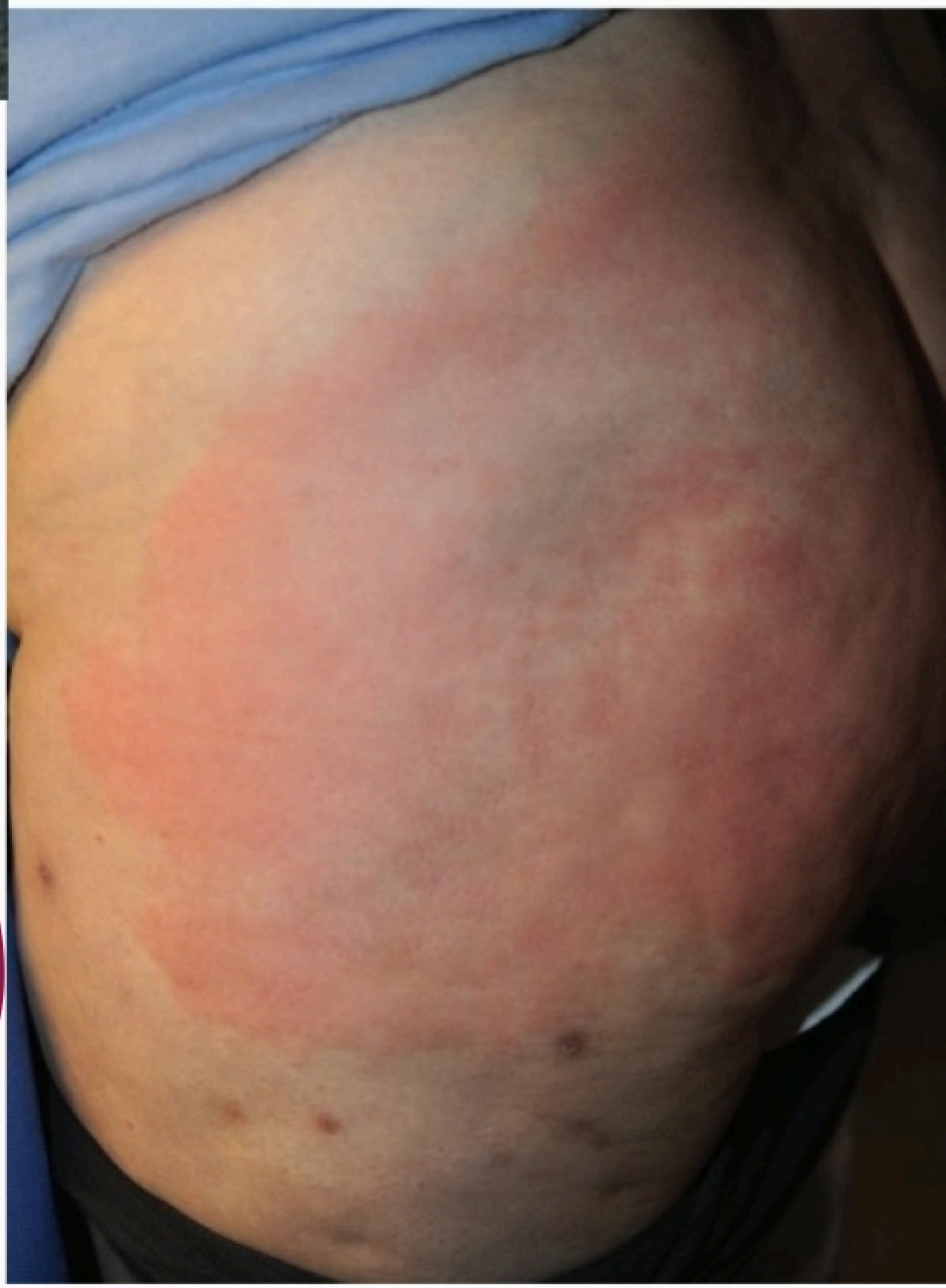


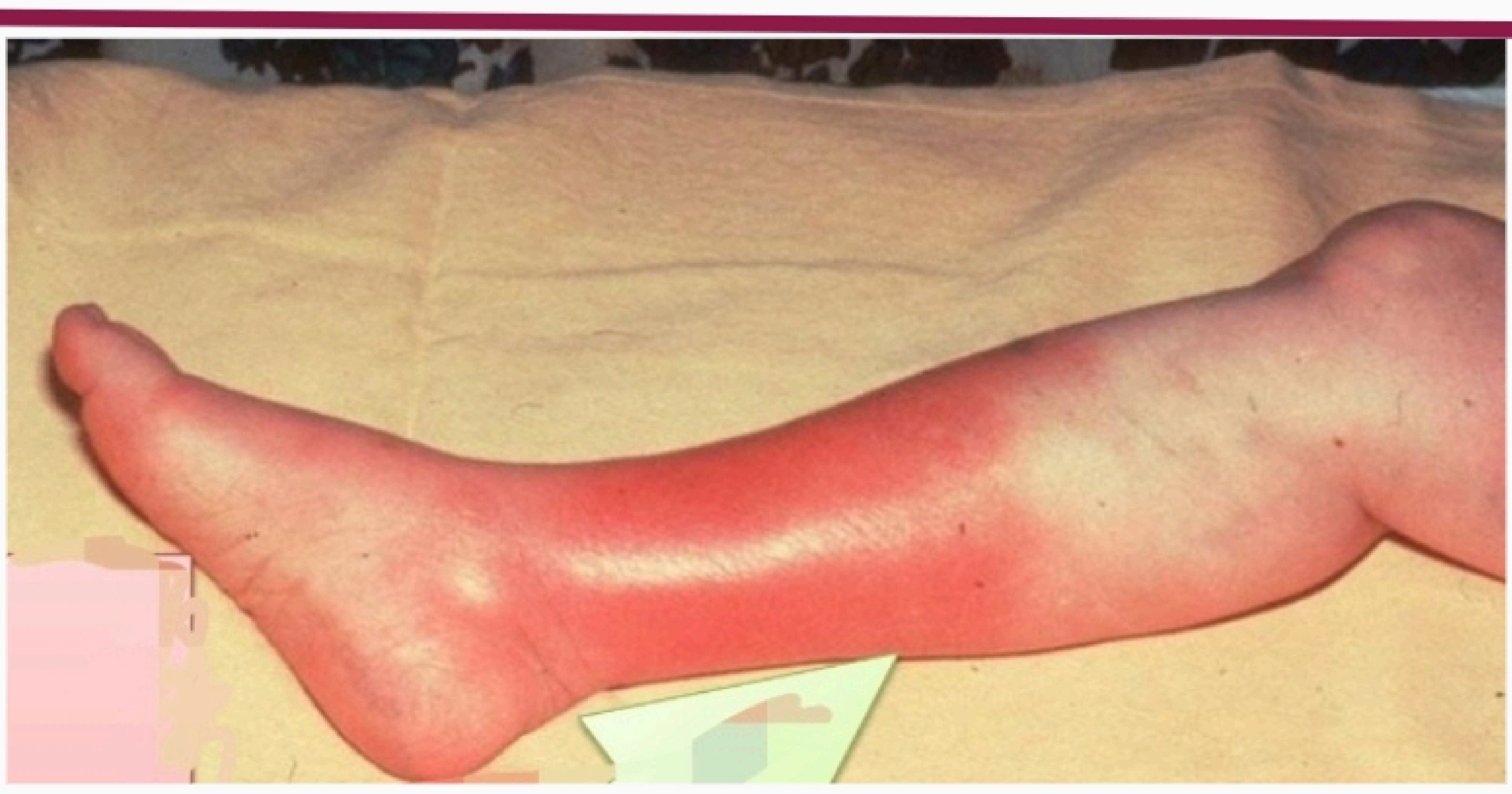


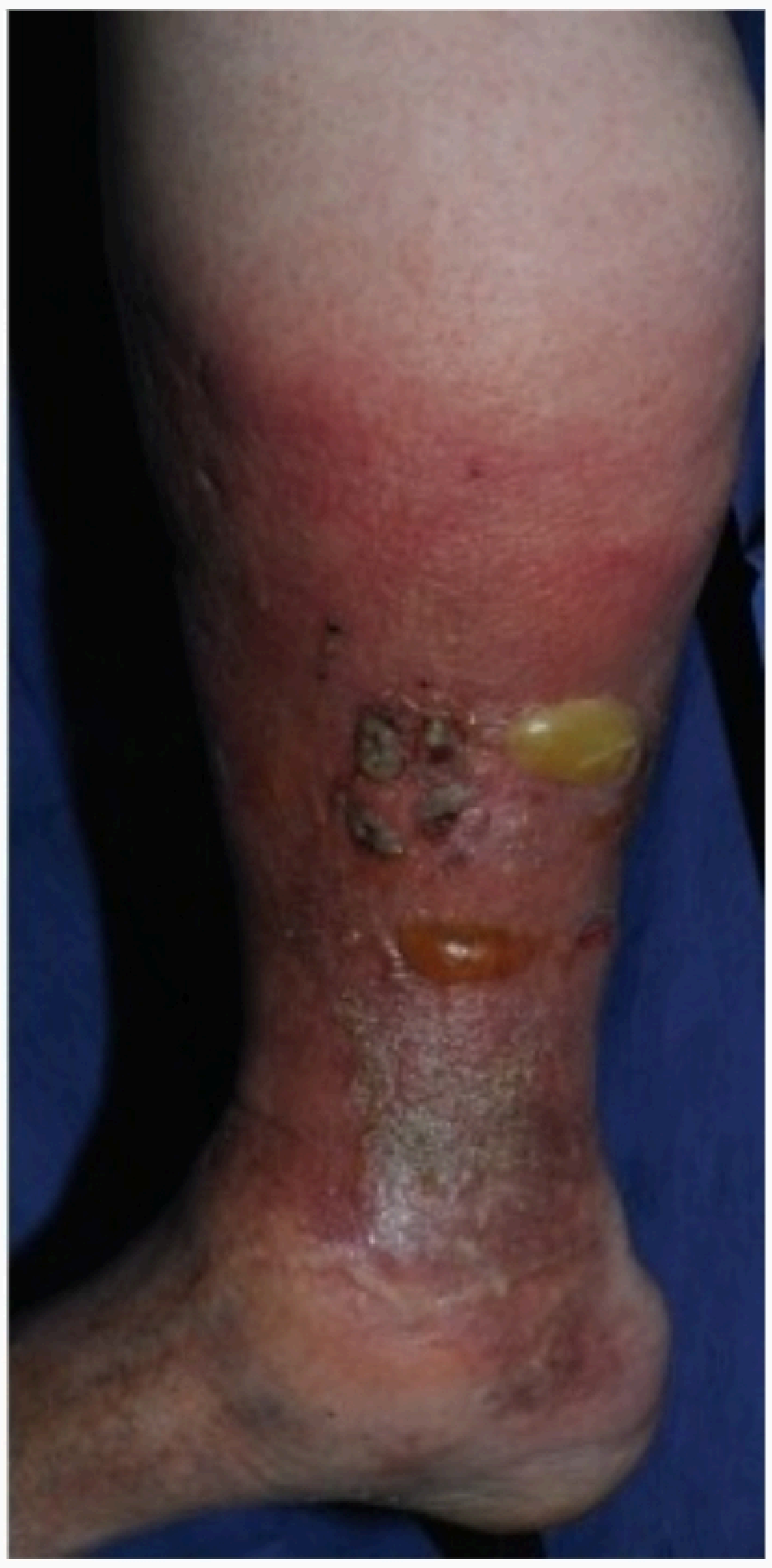


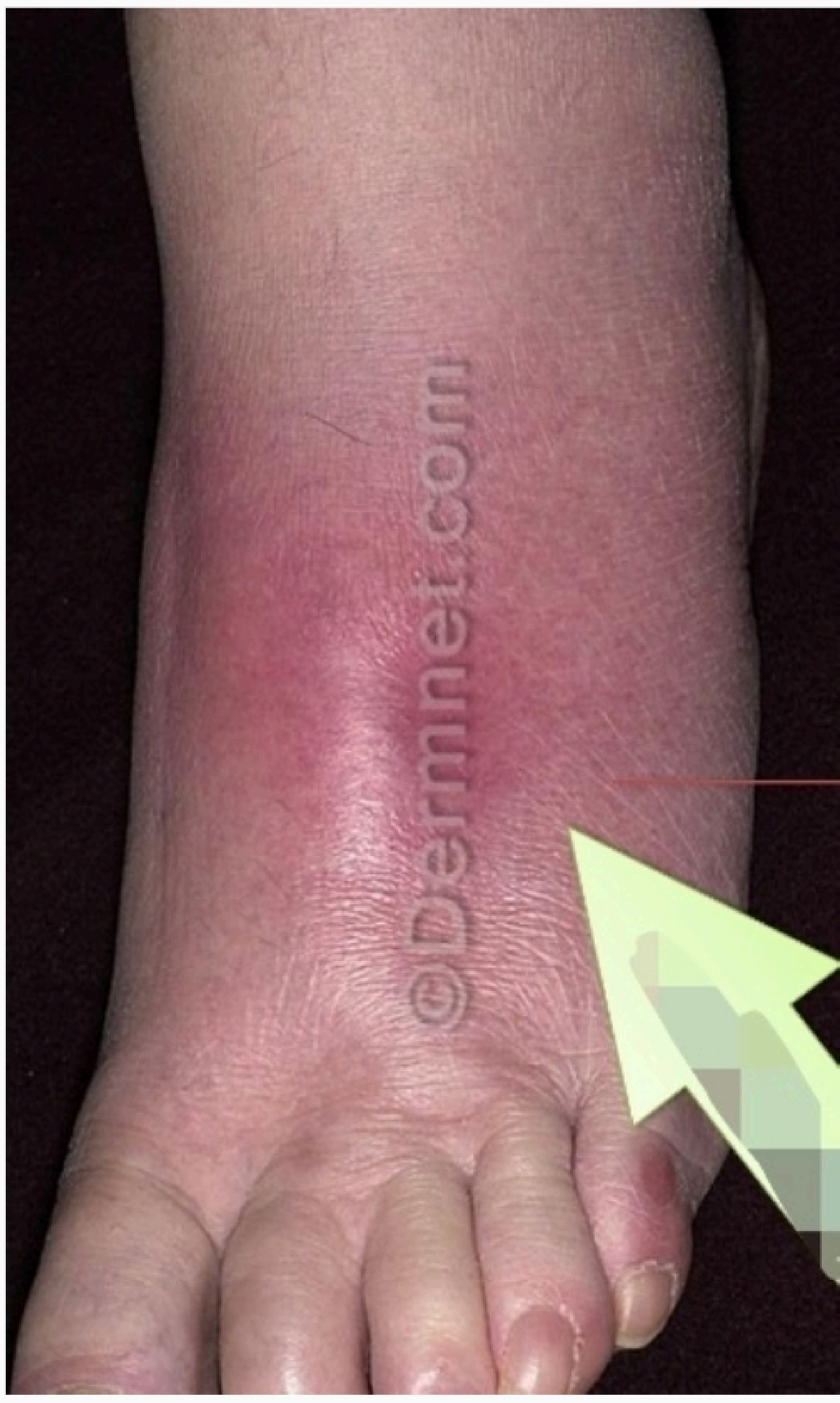

SFS
ByeByeDoctor.com

Erysipelas





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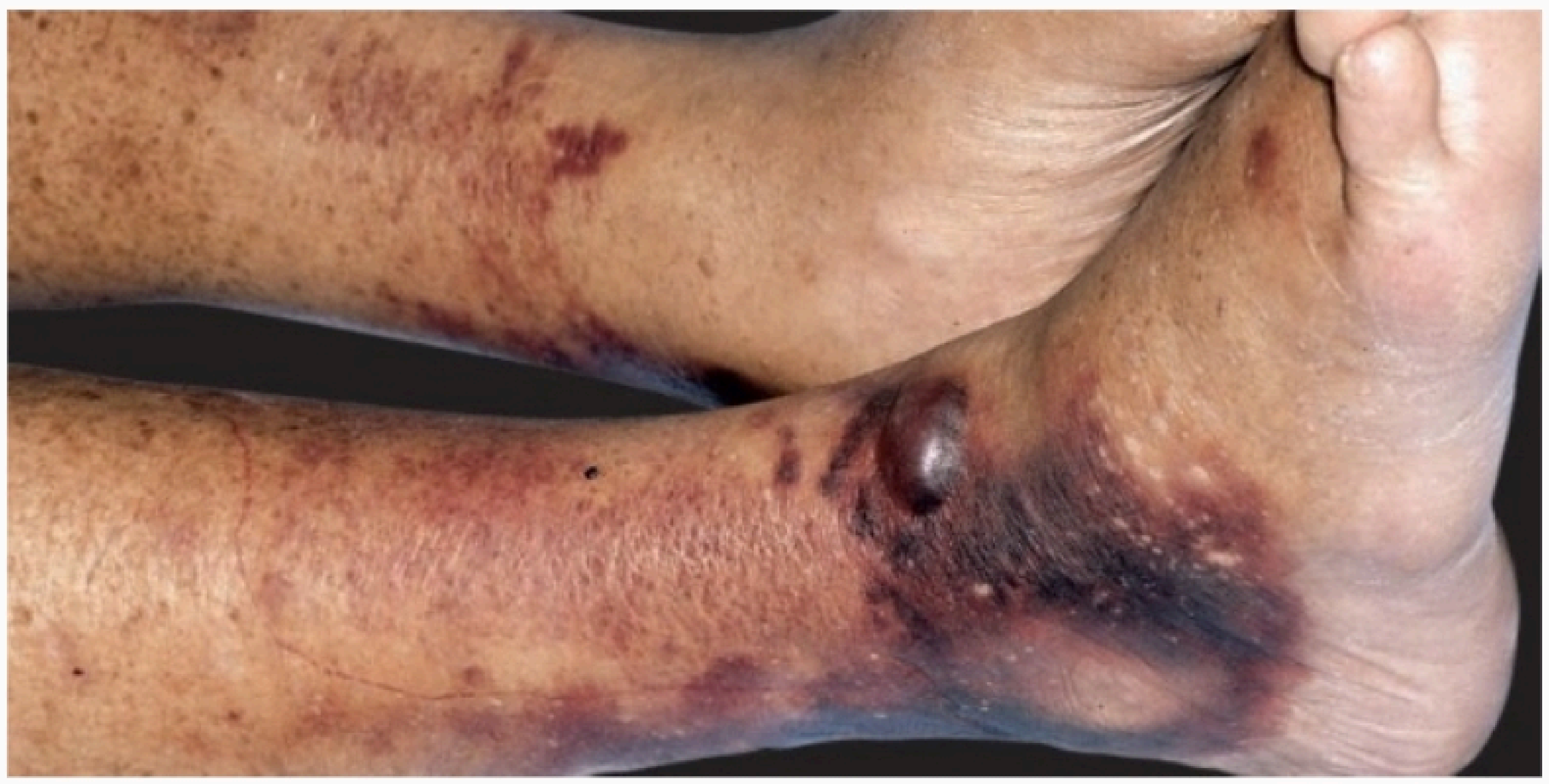
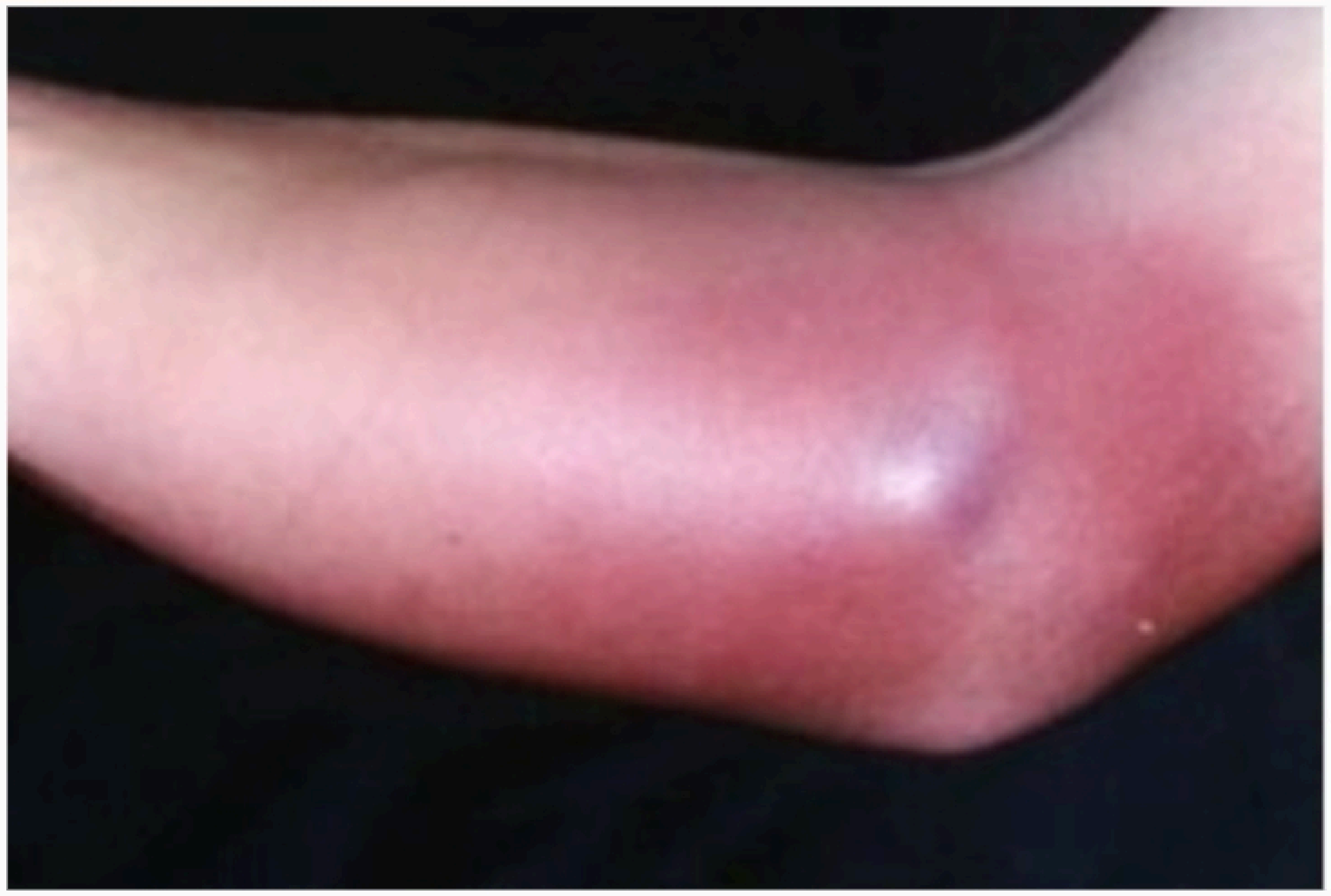


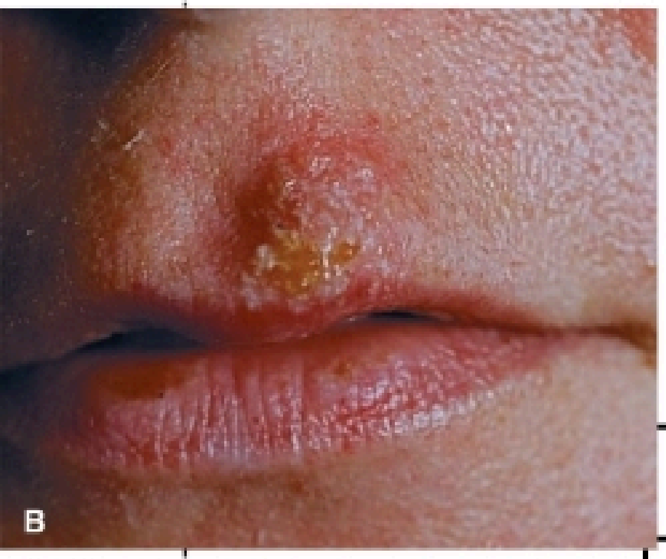


Cellulitis

Viral Skin Infection:

Common Viruses affecting Skin:

1. Herpes Simplex; Type**1**, Type**2**.
2. Herpes Zoster; **1ry** Infection→ Varicella Zoster, **2ry** Infection→ Herpes Zoster.
3. Pox Virus; Cause→ Molluscum Contagiosum + ORF.
4. Human Papilloma Virus; Cause→ Wart.



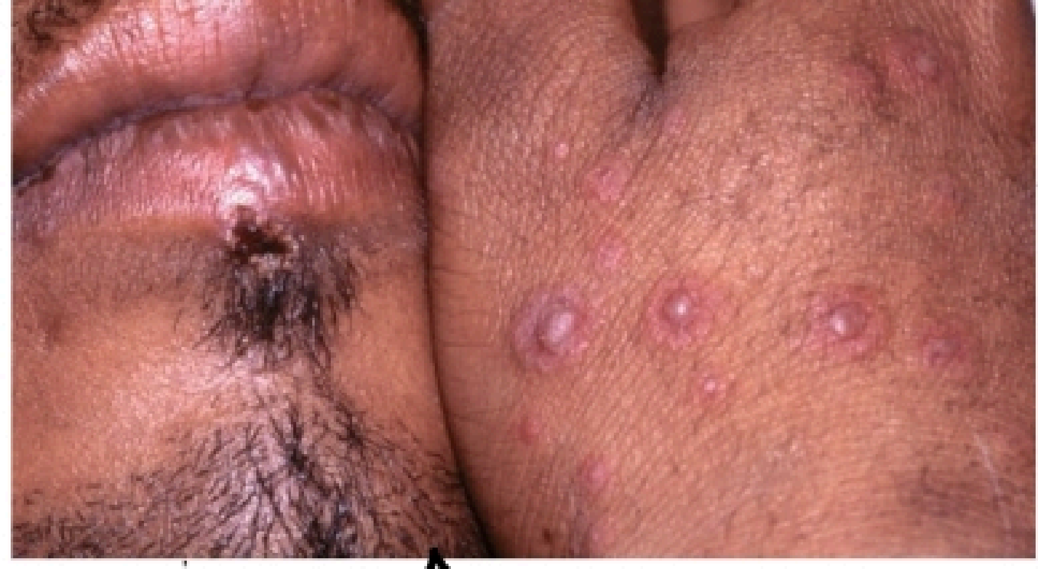
* *Herpes Simplex Virus* "HSV"

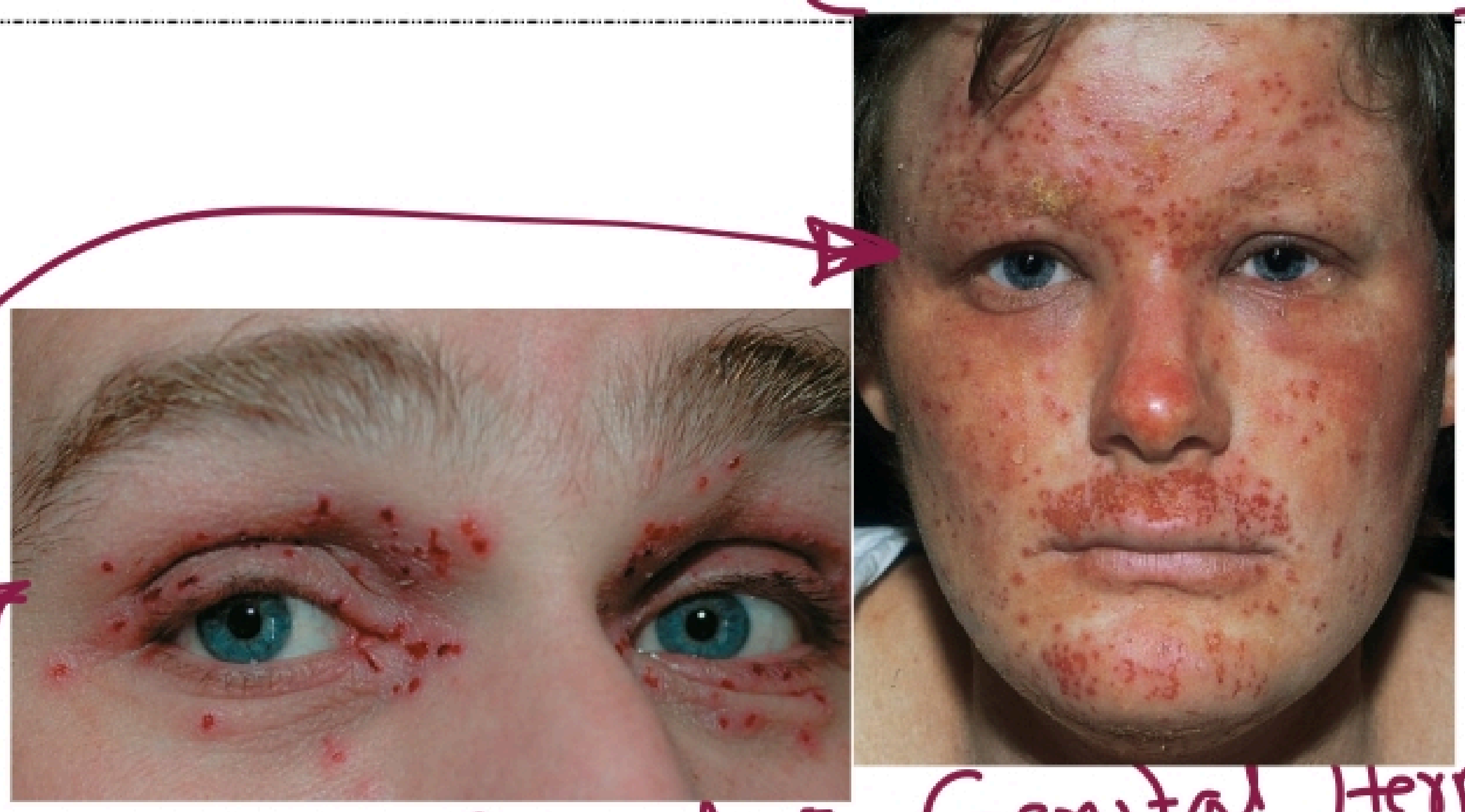
Caused by Herpes Virus Human, There are Two Types:

Sites:- Lips, Angle of the mouth mucous membrane of the lips

Lesions on the Genital area

Type 1 HSV (Herpes Labials)	***Type 2 HSV (Genital Herpes)***
Mode of Transmission: - Air Droplet, or Direct Contact with Mucous Membrane.	**Mode of Transmission:** - Sexually. "Sexual Transmitted Disease" **STD**.
Clinical Pictures: Infection for the 1st time - **Primary Herpes Simplex;** **90%** Asymptomatic→ Sub-Clinical **10%** Symptomatic→ ***1.General Symptoms:*** **F**ever, **A**norexia, **H**eadache, **M**alaise (**FAHM**), Tender Lymphadenopathy.	**Clinical Pictures:** Multiple, Small Grouped, Painful, Vesicles on Erythematous base May Ulcerate. **Site:** External Genitalia in both Male & Female "Cervix".
→ ***2.Specific Symptoms:*** Clusters of Small Vesicles on Erythematous base, Affect Skin and Mucous Membrane of the Mouth. — proceeded by Itching & tingling at the same site of vesicular eruption. **If Eczematous Pt infected by Herpes Simplex Virus, It is Sever Case Called "Eczema Herpaticum" Common in HIV Pt.**	=> Premalignant :- e.g. Cervical Carcinoma in female.
- **Recurrent Herpes Simplex;** Clusters of Small Vesicles Proceeded by *Pain Itching*, or Tingling or Burning Sensation. The lesion Persists few days and Subsides Spontaneously. No General Symptoms.	Diseases in Dermatology affect Skin & mucous membrane:- 1- pemphegous 2- pimphegoid 3- Erythema multiform "major" 4- Herpes Simplex 1
Trigger Factor of Recurrent HSV: - Immune Suppression, Sun Light, Stress, Psychological factors, Fever.	





Extensive Eczema.H

- Complication of Herpes Simplex Virus:

1- Secondary Bacterial infection.

2- Erythema Multiform.

3- Eczema Herpaticum in patient with Atopic Dermatitis.

4- Cancer Cervix.

5- Corneal Ulcer & Opacity.

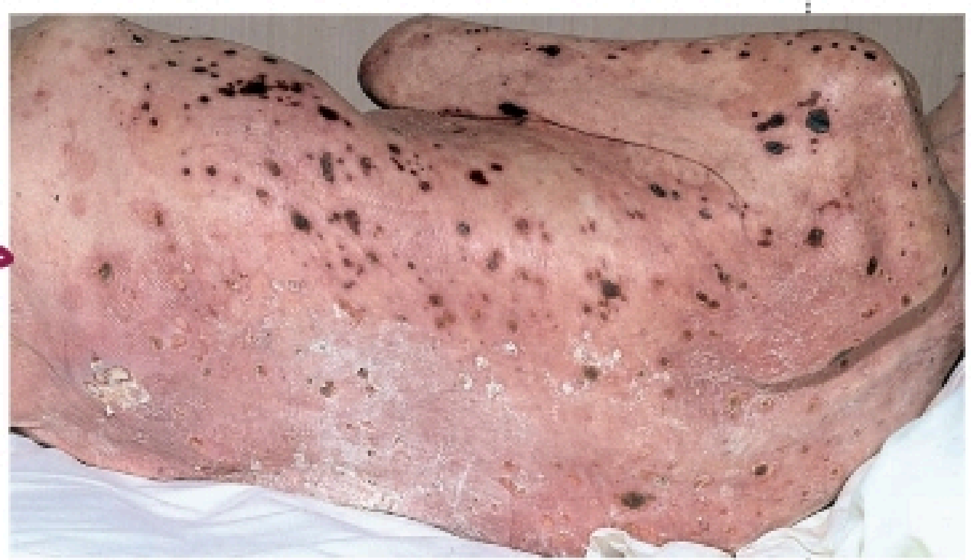
6- Herpes Encephalitis or Meningitis.

in neonate of mother infected ē Genital Herpis

إذا تولدت طبيعي " المفروض تولد بـ عملية قيصرية "

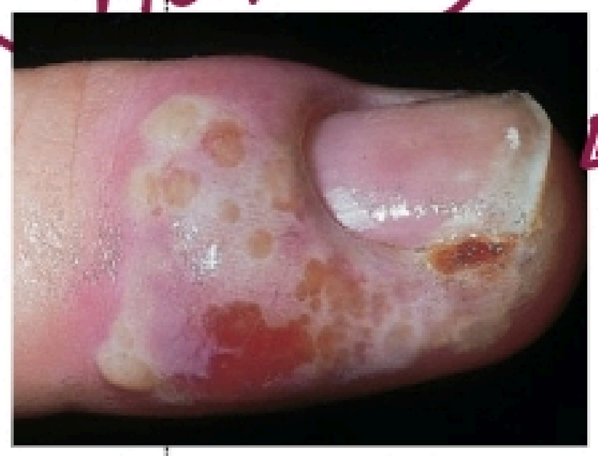
So we give systemic Acyclovire.

7- Dissemination of **HSV** Especially in immune-suppressant Pt and Children.



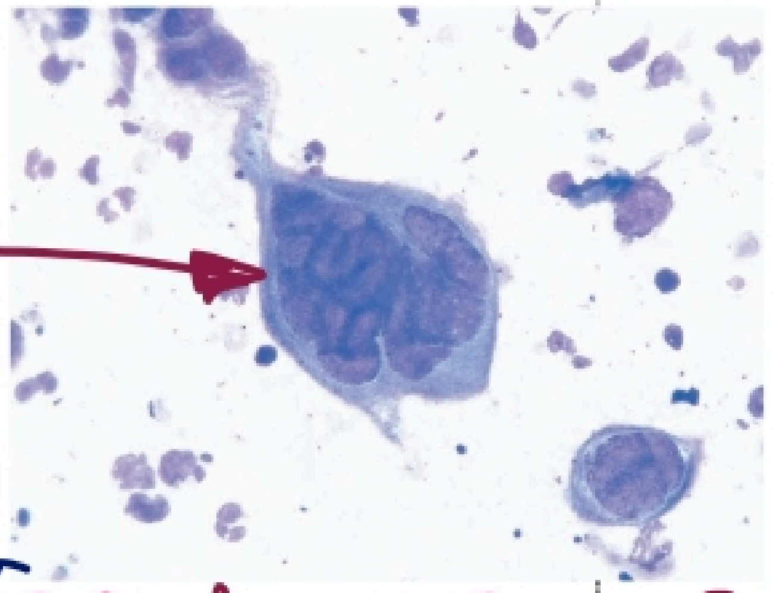
8- Herpatic Witlow; Inoculation of Virus from Pt to Tip of Finger of Medical Stuff.

also in children "suckling of finger"



- Diagnosis of Herpes Simplex Virus: → ***Usually Clinically***

1. Tzank Smear: Scraping the floor of Vesicle then Stained with Wright Stain it will Show→ Intra Cellular Inclusion Bodies. multi-nucleated Gaint cells.



2. Viral Culture from ***Vesicular fluid***.

3. Polymerase Chain Reaction (**PCR**) to Detect Viral ***DNA***. (100 % نسبة التشخيص)

D.D of +ve Tzank S:
1- HSV - 1 & 2
2- HZV
3- Molluscum Contag...
4- pemphigous.

- Treatment of Herpes Simplex Virus:

1. Topical Acyclovir "Zovirax Cream **5%**"→ **5** Times \ Day \ **5** Days. ***(Role of 5)***

2. Topical Anti-Biotic "Ointment" to Prevent Secondary Bacterial infection.

- **Systemic Acyclovir Indicated in:**

1. Immuno-compremised Patient.

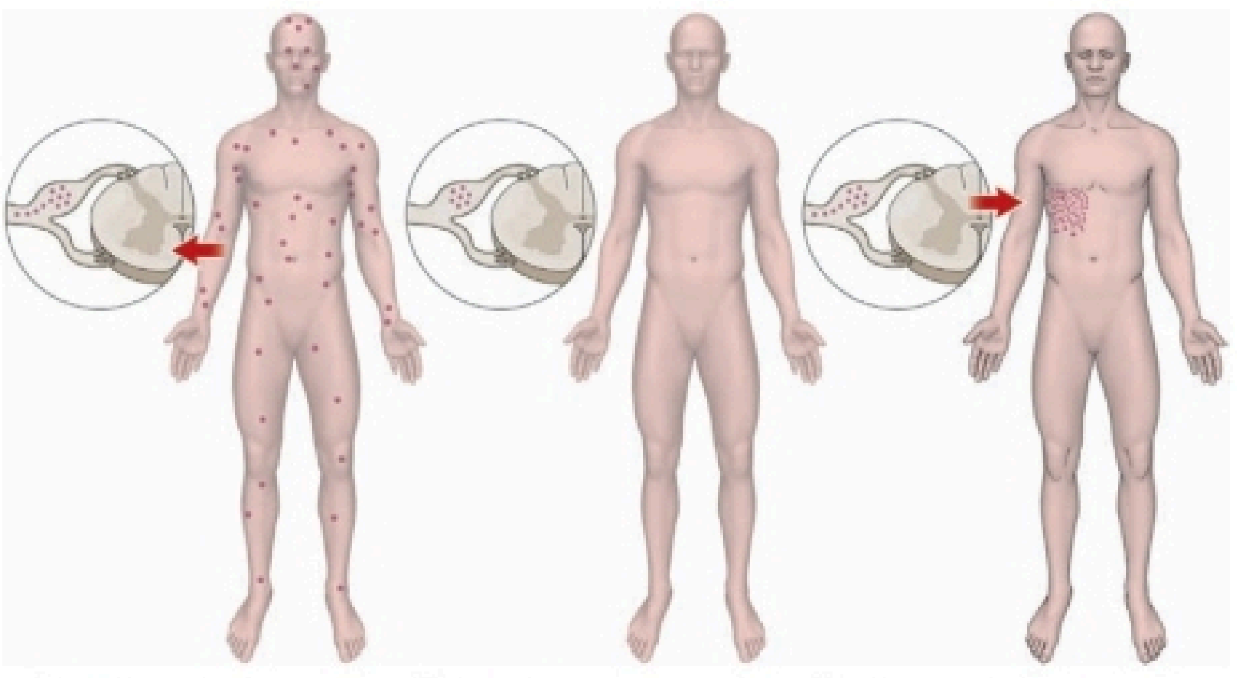
2. Eczema Herpaticum. ← Atopic Dermatitis weaken the immunity

3. Genital Herpes.

4. Neonatal Herpes.

Dose: Acyclovir Oral ~~**200mg**~~ 400mg → **5** Times \ Day \ One Week. or 10 days

S\E of Acyclovir: GIT Upset, Hepato-toxicity, Renal-toxicity.



* ***Herpes Zoster*** ***"Shingles"***

Acute Self limiting Vesicular Eruption Occurs in ***Dermatomal Distribution***.

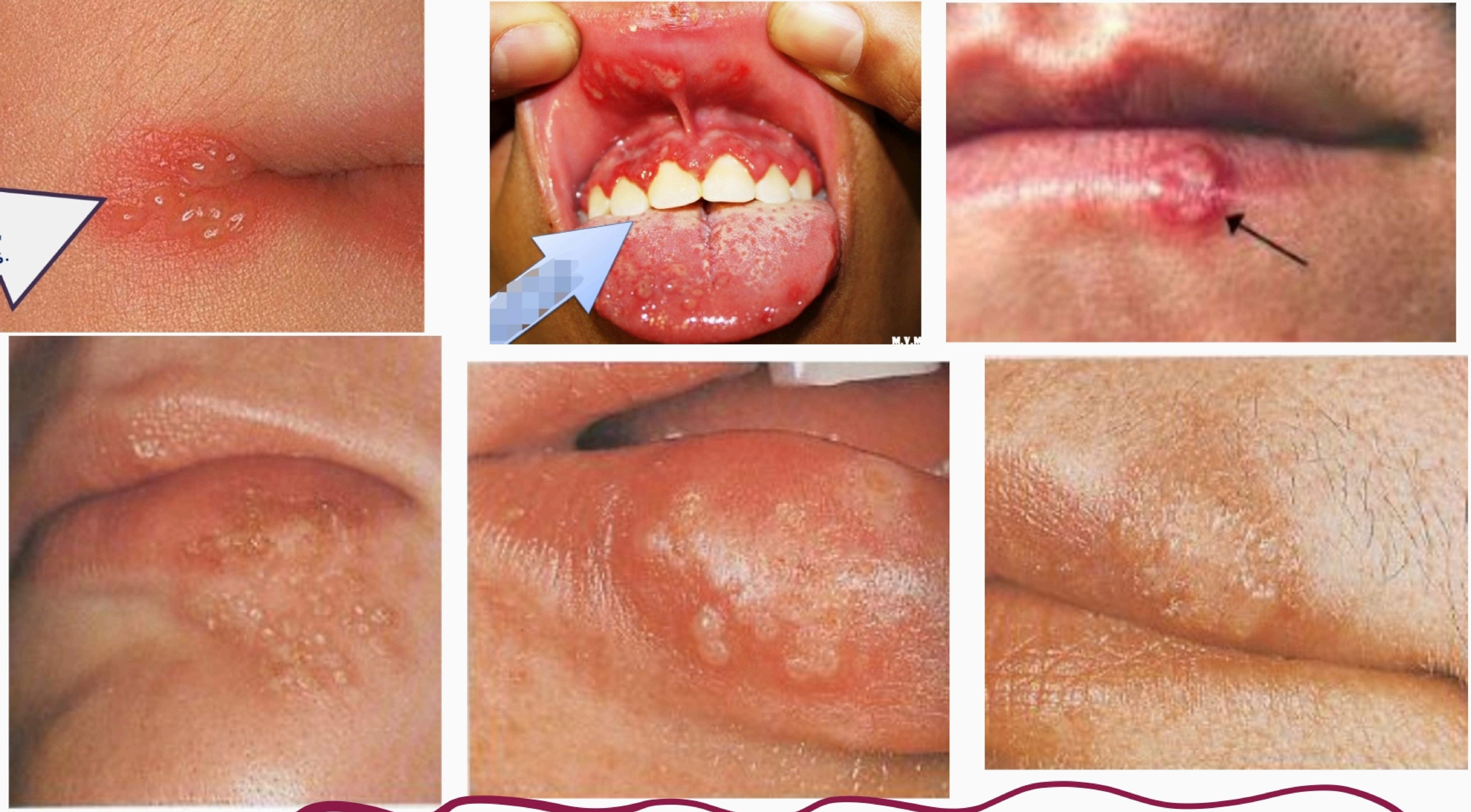
Caused by Varicella Zoster Virus.

The **Initial** infection with Varicella Zoster Causes **Chicken pox** which occurs in Children and Young People, Then the Episode of Chicken Pox Resolve but the Virus **Not** Eliminated; it Stays in **Dorsal Root Ganglia** of Spinal Cord, Then the Disease May Reactivate again if the Patient has had **Low Immunity** or **Stress Conditions**.

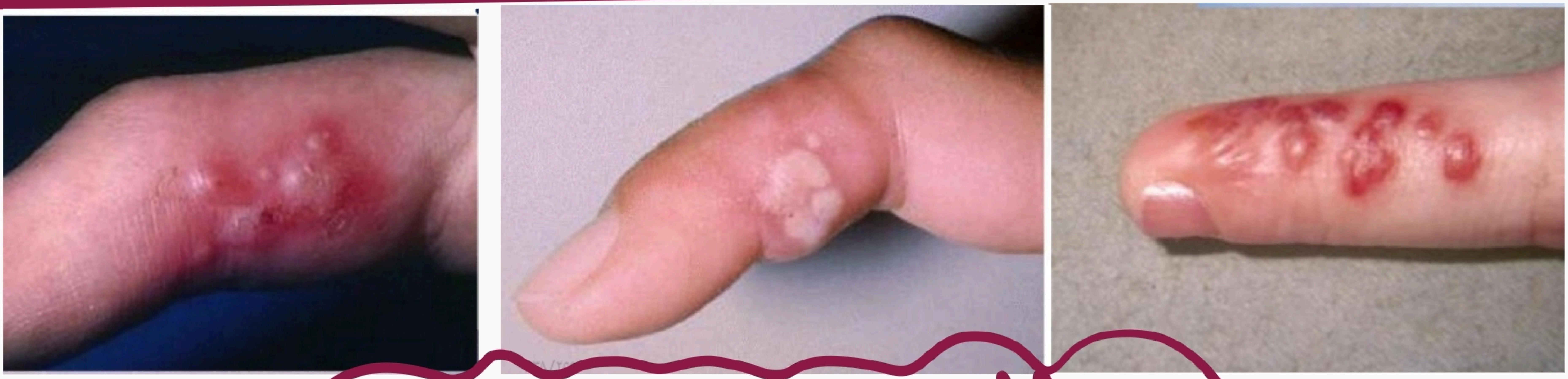
→Reactivation of the Virus Follow **Dermatomal Distribution**.

Initial infection with Varicella Zoster →→→→ Virus Hides in Dorsal Root Ganglia of Spinal Cord →→→ Reactivation of Virus follow Dermatomal distribution.

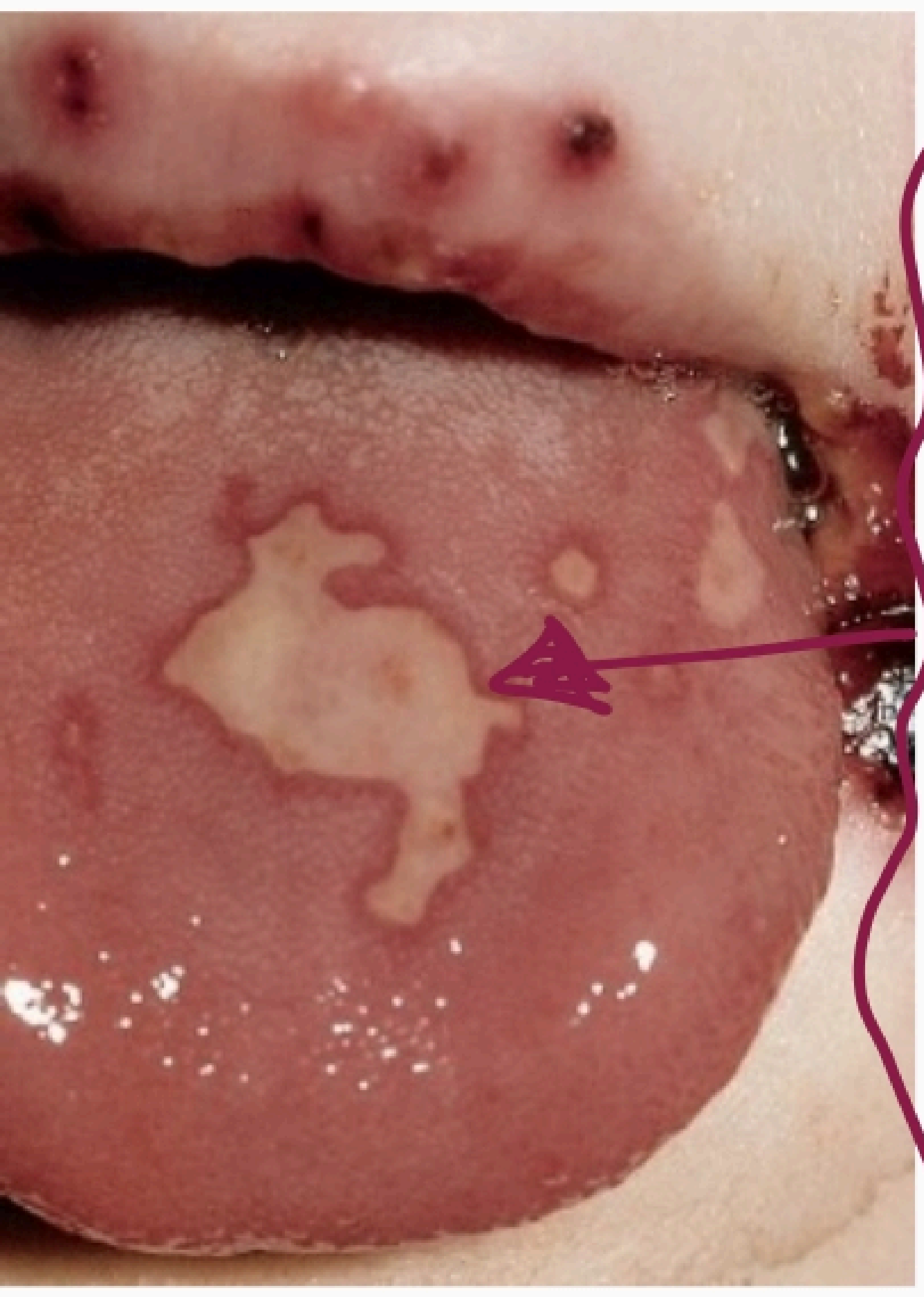
Dermatome: *→ Area of Skin Supplied by the Same Nerve Root.*



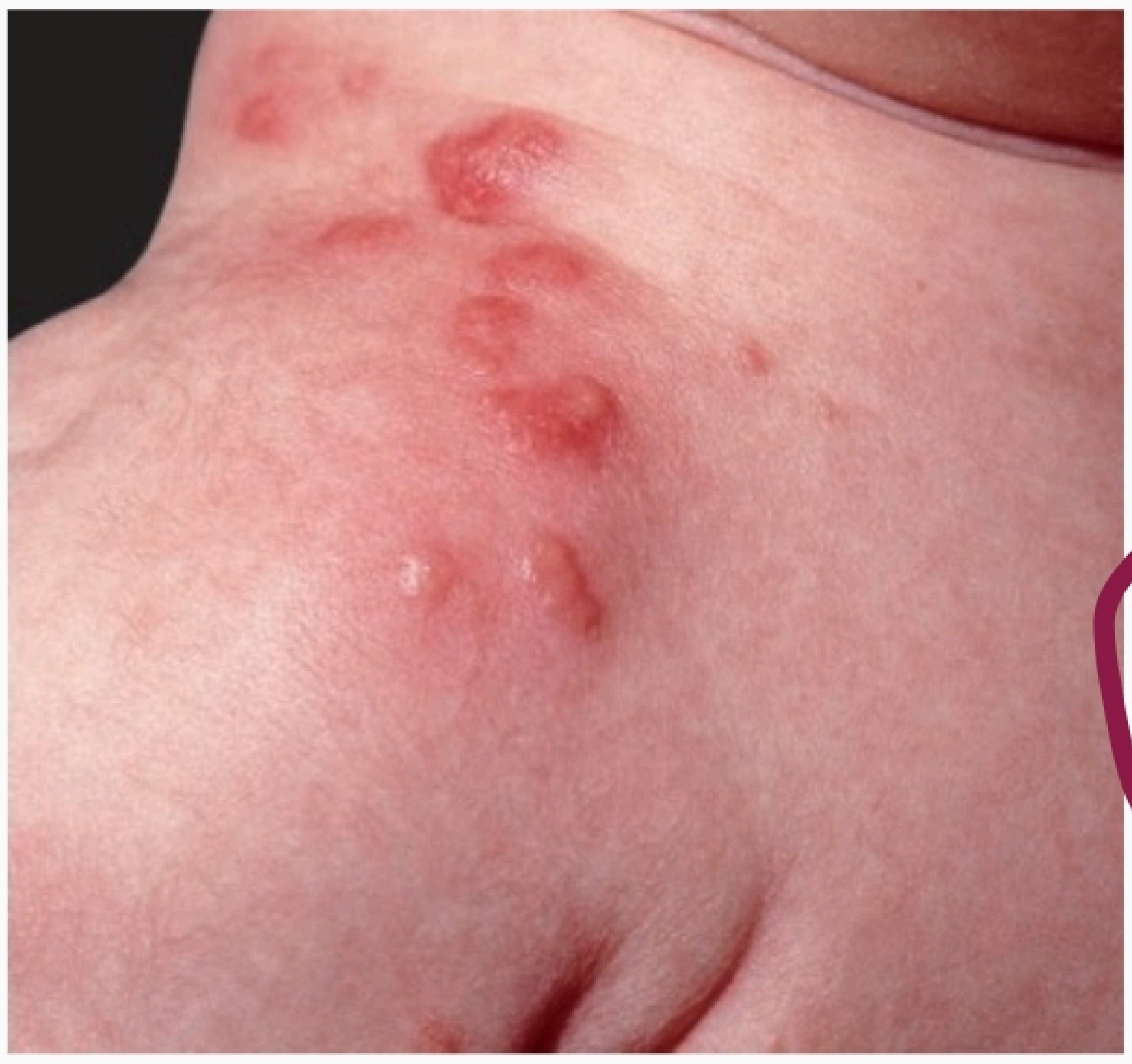
Herpes Simplex Type I



Herpetic witlow

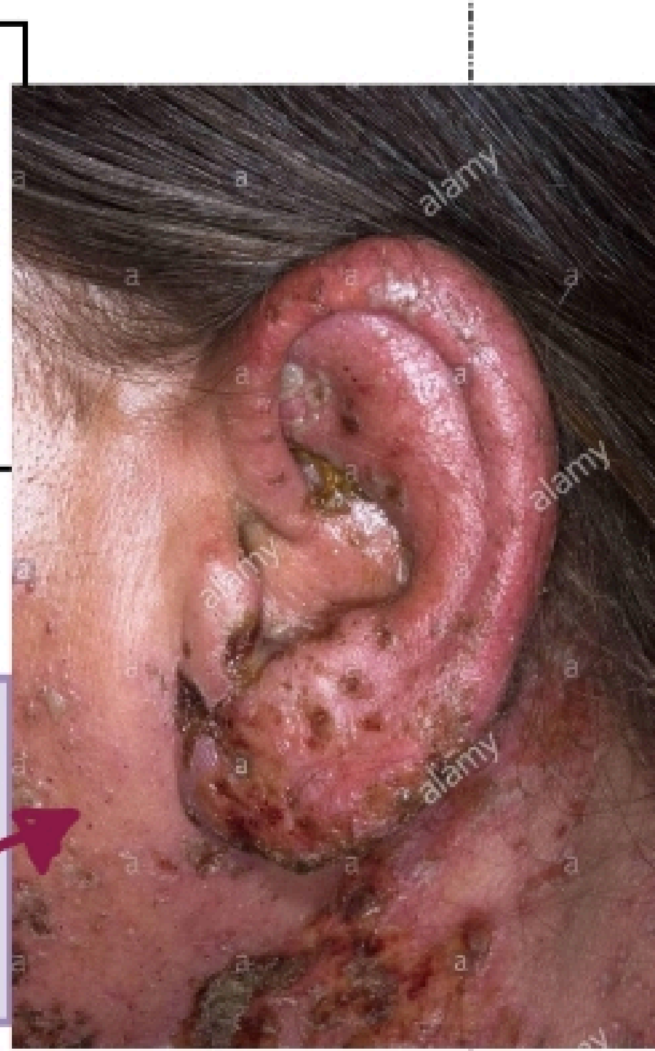


Geographic ulcer

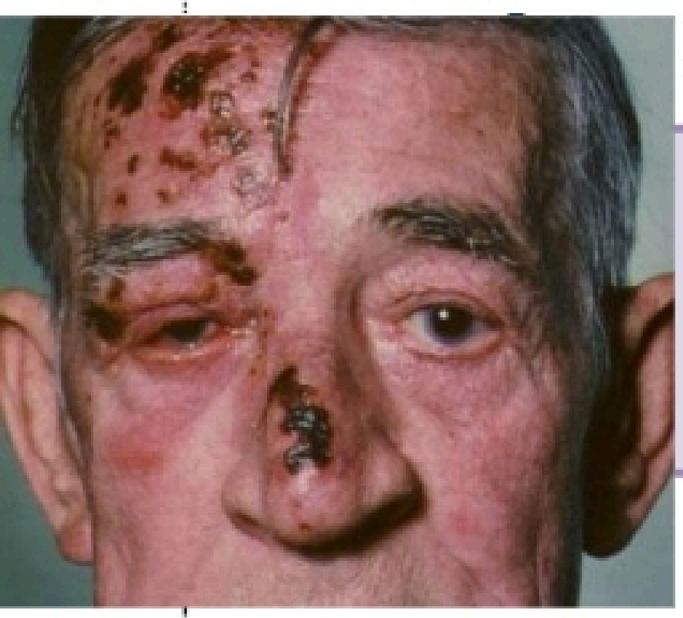


neonatal Herpes.

Clinical Pictures of HZV:
Sever Pain, then after **2-3** Days Vesicles appear;
Grouped of Vesicles on Erythematous base within Dermatomal area following Nerve root affect Single Dermatome (Unilateral).



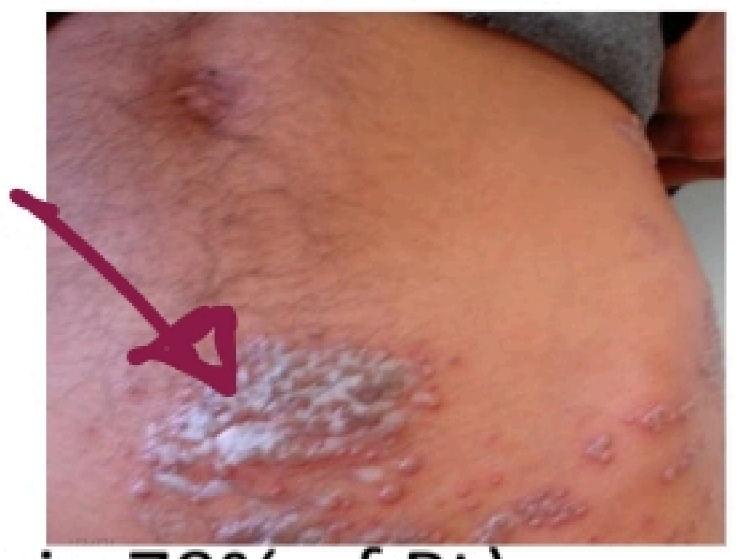
- **Sites:** 50% Thoracic area, Abdomen, Ophthalmic branch of Trigeminal Nerve.



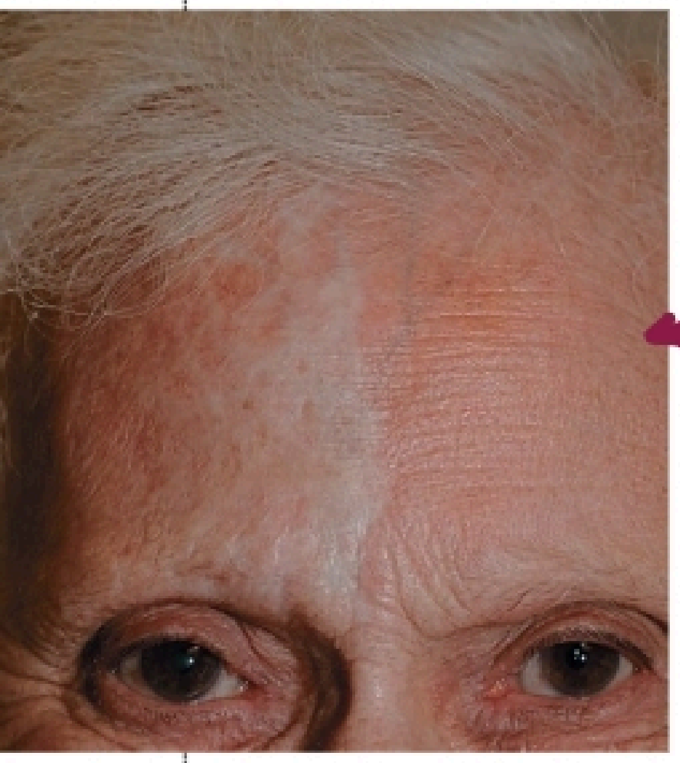
*If Nasociliary branch of Trigeminal Nerve affected; Patient develop Vesicles on Tip of Nose, this Sign known as → **Hutchinson's Sign.**
*Facial Nerve Palsy + Vesicles in External Ear Known as → **Ramsy Hunt Syndrome.**

Loor Crusts

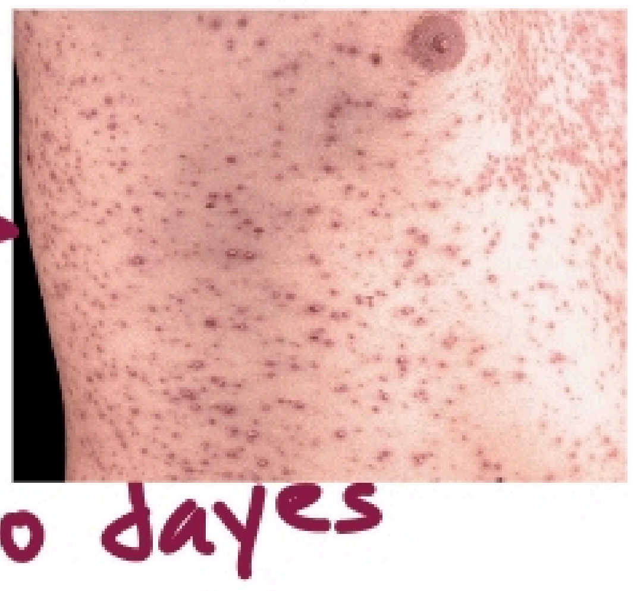
- **Complication of Herpes Zoster:**



1- Secondary Bacterial infection. → Appearing of pustules
2- Corneal Ulcer & Opacity..
3- Post Herpatic Neuralgia; (Persistent Sever Pain at Site of lesion, Occurs in 70% of Pt).
4- Post Herpatic Scar.
5- Dissemination of **HSV** Especially in Immune Suppressant Pt and Children.



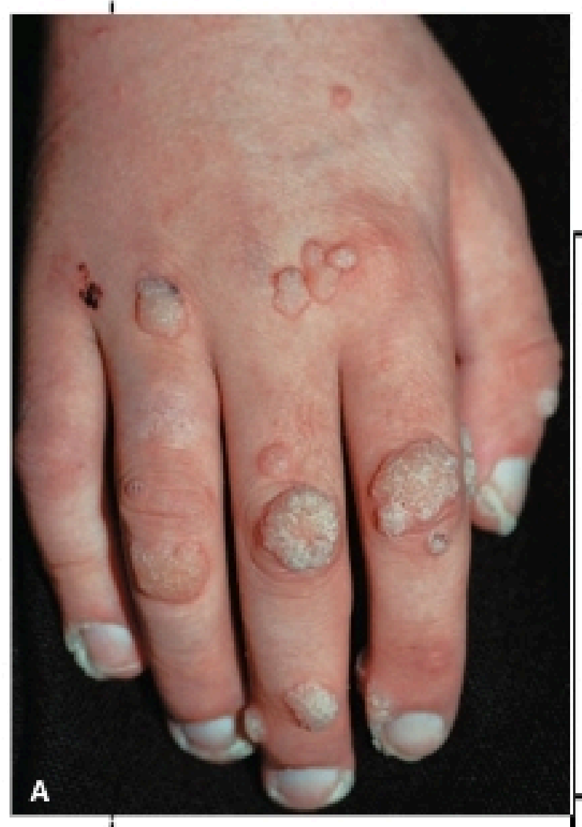
Post-Herpatic Atrophic Scar

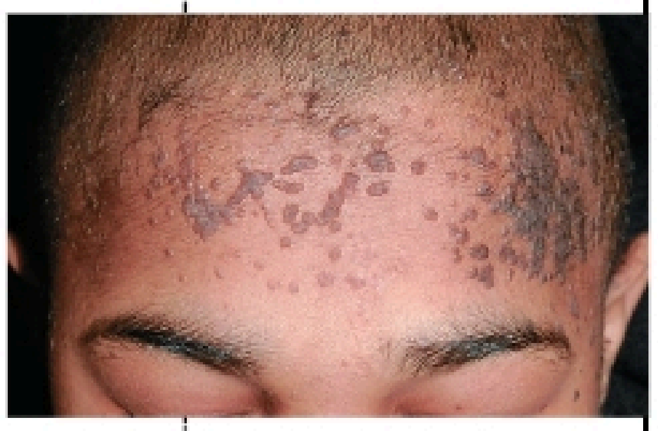


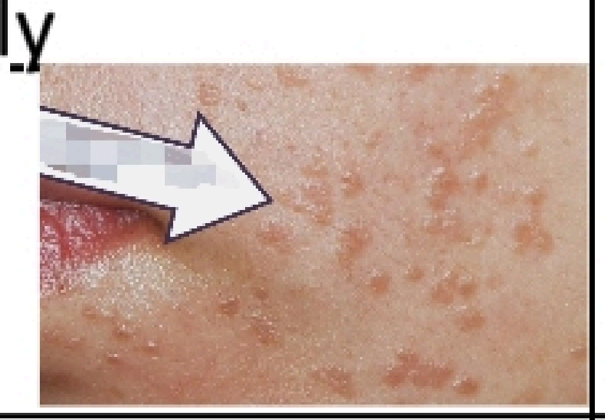
- **Treatment of Herpes Zoster:**
1. Systemic Acyclovir "Zovirax" Orally → **800**mg → **5** Times \ Day \ Week. or 10 dayes
OR → I.V Acyclovir **5-10**mg\ Kg every **8** Hours for Week.
2. Topical Anti-Biotic "Ointment" to Prevent Secondary Bacterial infection.
3. Analgesia + **Vit B6,B12.**

* *Wart*

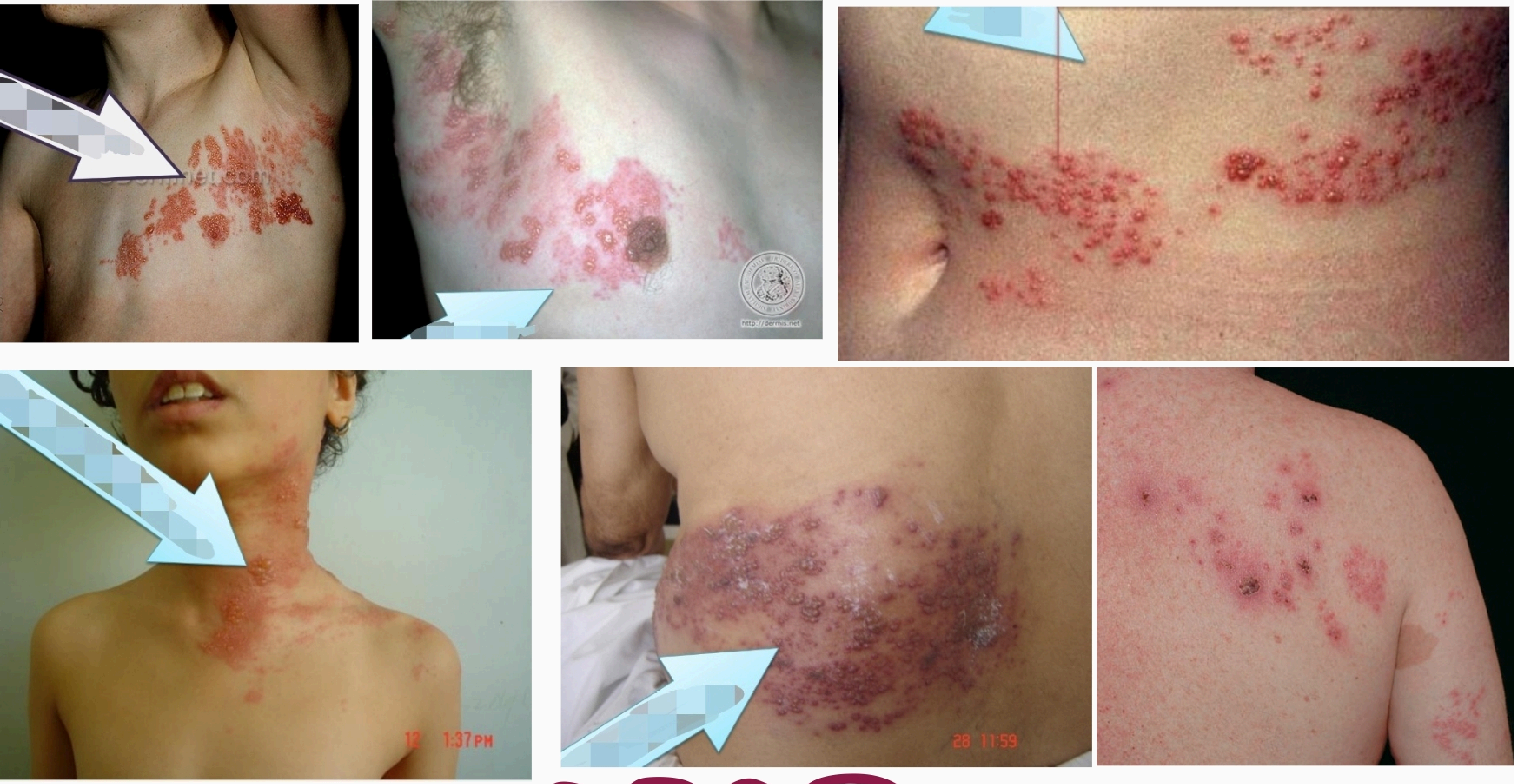
It is a Benign Coetaneous Tumor Caused by Human Papilloma Virus (HPV).
"It is DNA Virus, More than **77** Types". (Common in Children, Young, Adult).
- **Mode of Transmission:** by Direct or Indirect Contact.



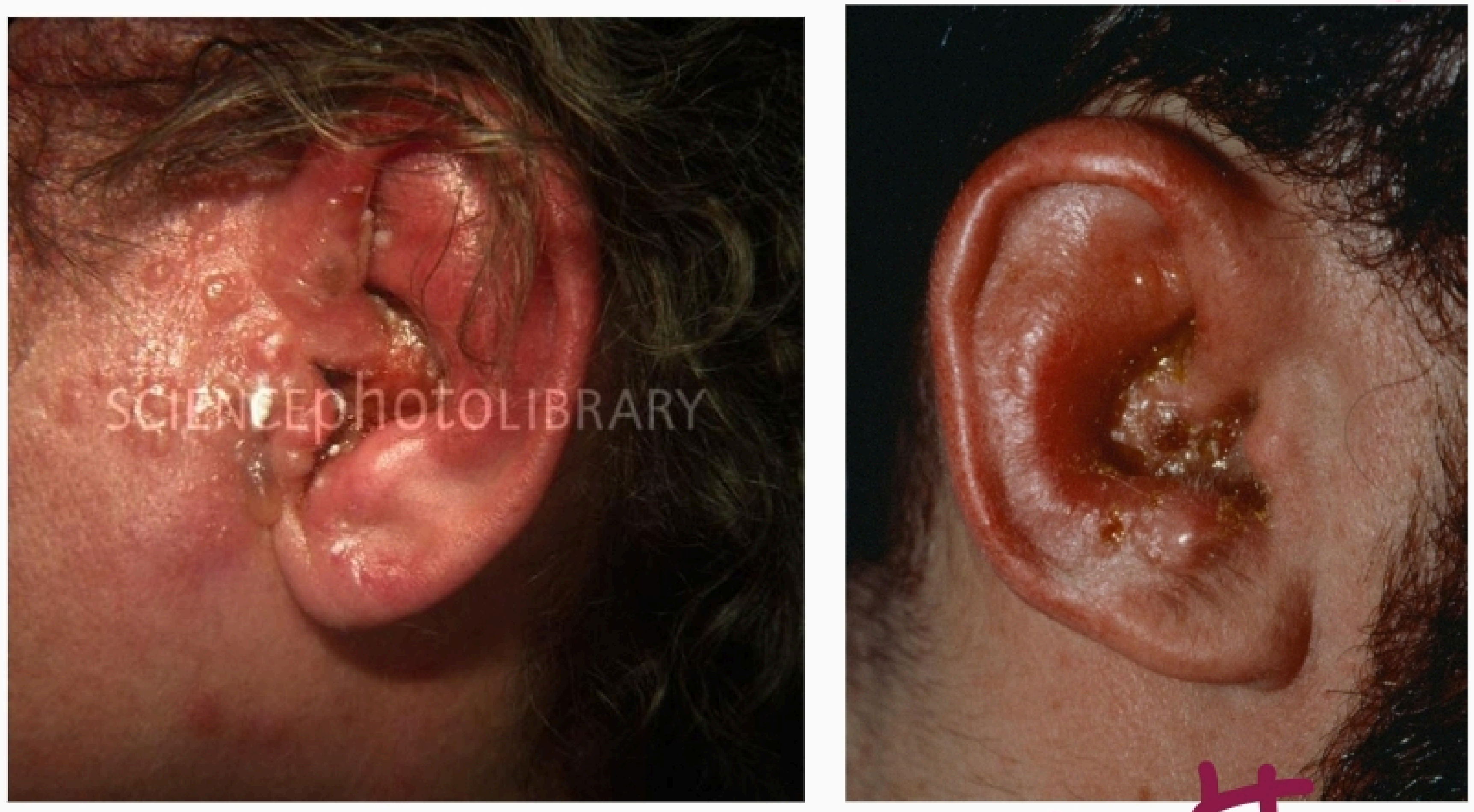


1- Common Wart (Varruca Vulgaris)	Multiple Papule, Skin Color, with Rough Surface, and Hyperkeratosis, Which Can be Tender or Painless. They Can Occur at any part of the body But Most Commonly Seen on **Hands** and **Knees**.	**Treated by**: Cryosurgery, (Cryotherapy).
2- Plane Wart (Flat Wart) (Varruca Plana)	Flat or Slightly Elevated Flesh Color Papules that May be Smooth or Slightly Hyperkeratotic. Common in **face**. Common Seen in Children. 	**Treated by**: Electrodessication & Curettage. Cryotherapy is not used B\c its mostly in face → Cosmotically
3- Planter Wart	Papule Hyperkeratotic with ***Black dot*** in Planter Surface of the foot. - Black dot Formed Due to Thrombosed Blood Vessel.	**Treated by**: Salicylic acid. Electrotherapy is Painful here

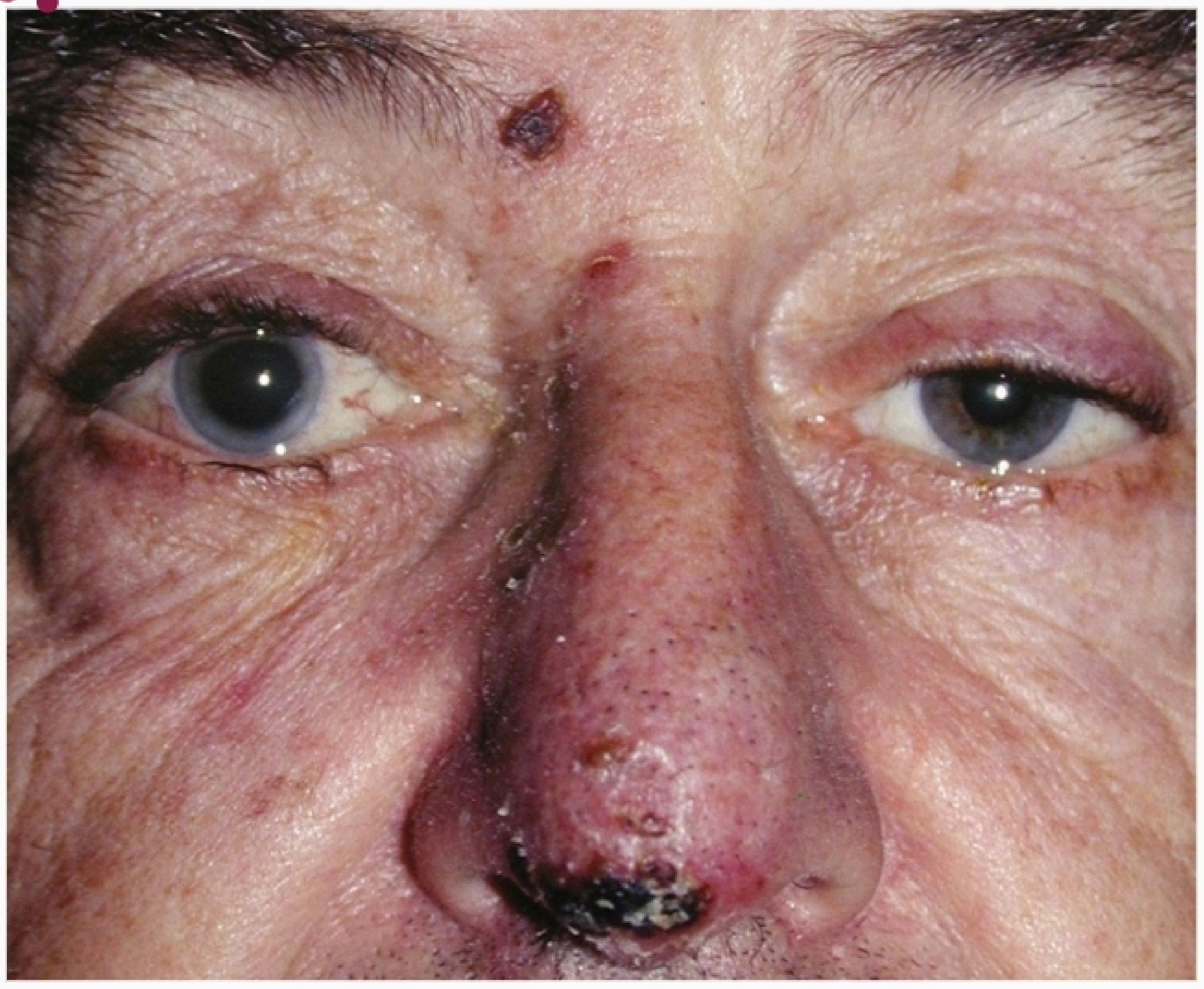
Resemble Callosity



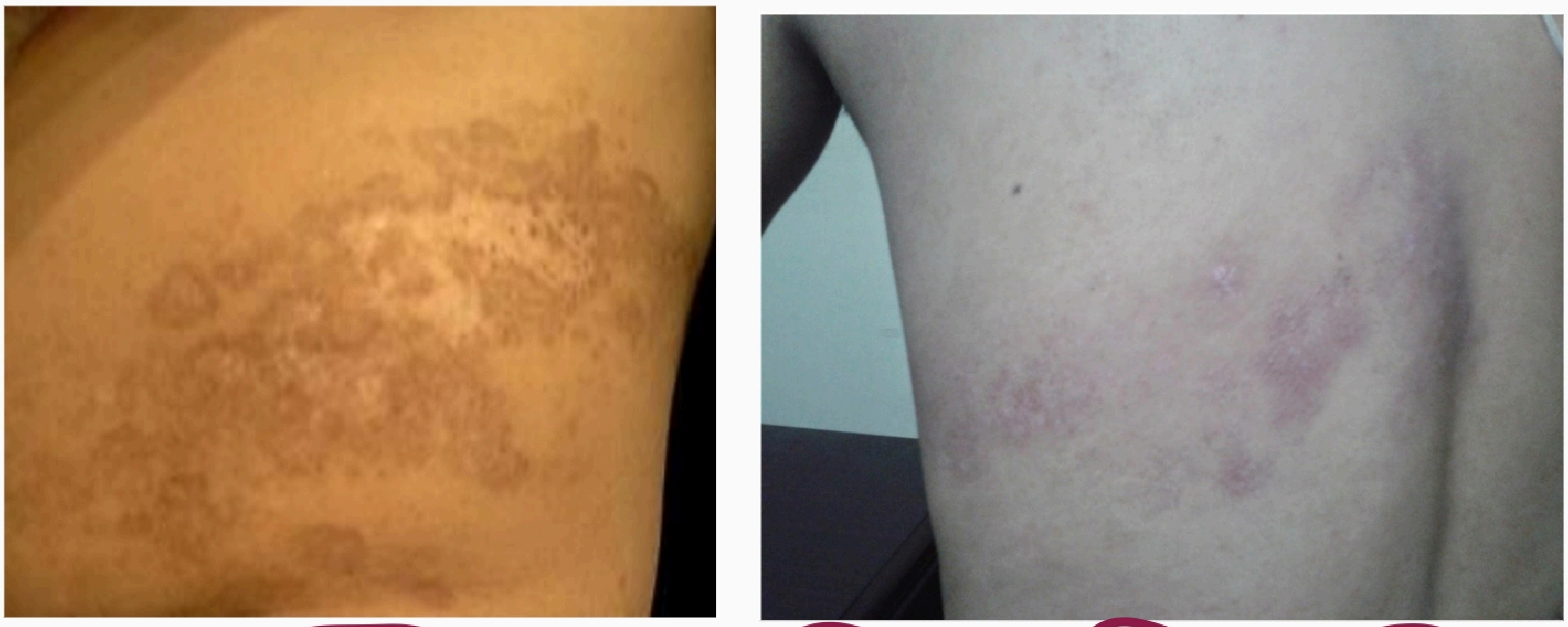
HZV



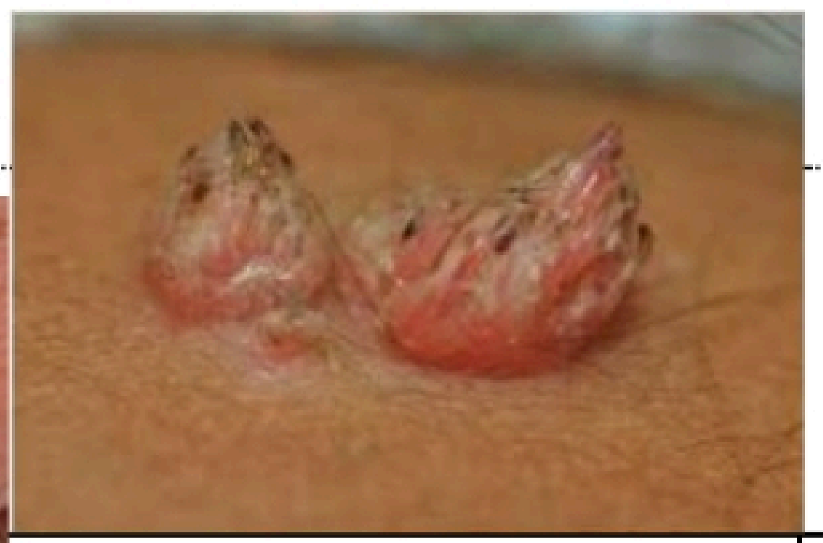
Ramsy Hunt $

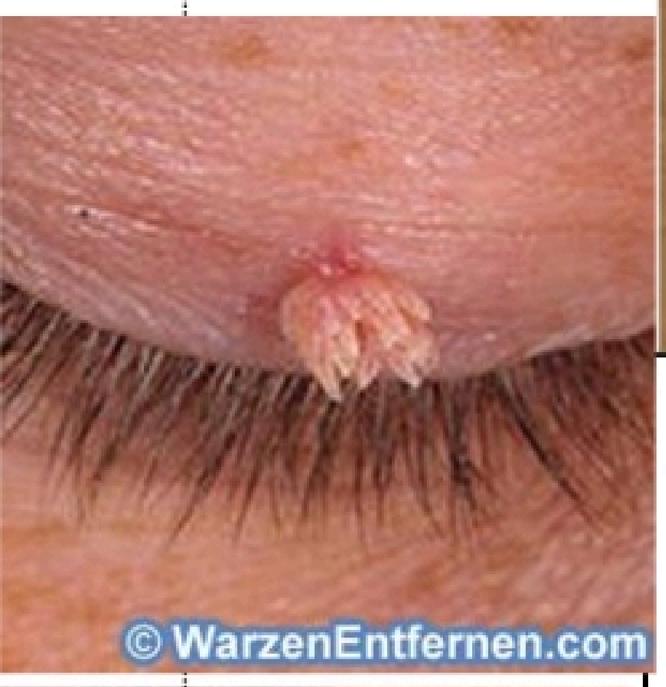


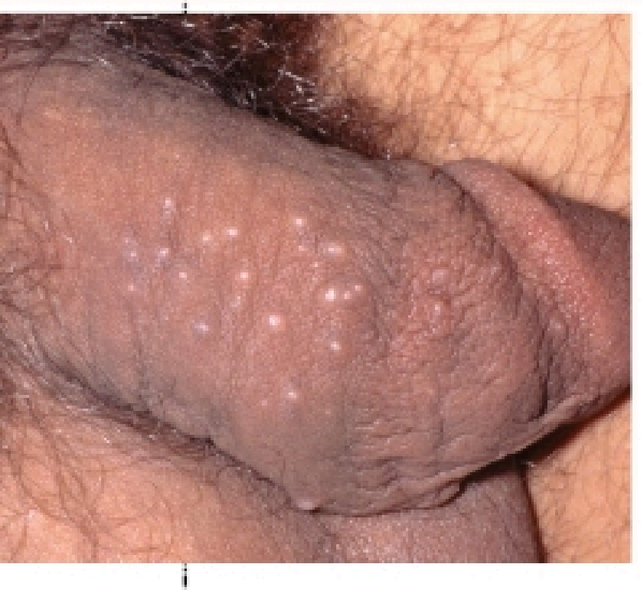
Hutchinson's Sign



Post. Herpetic scar



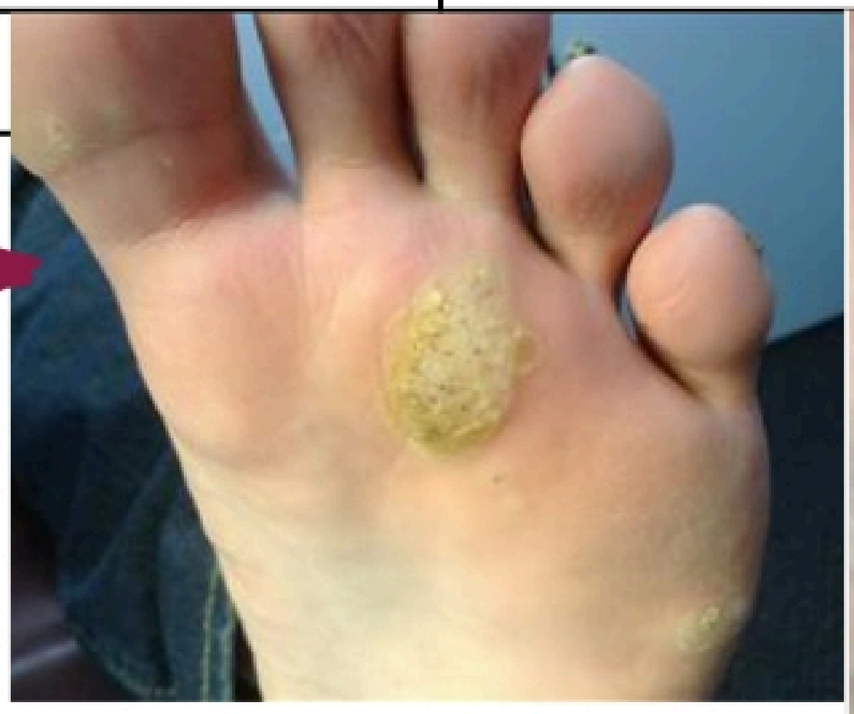


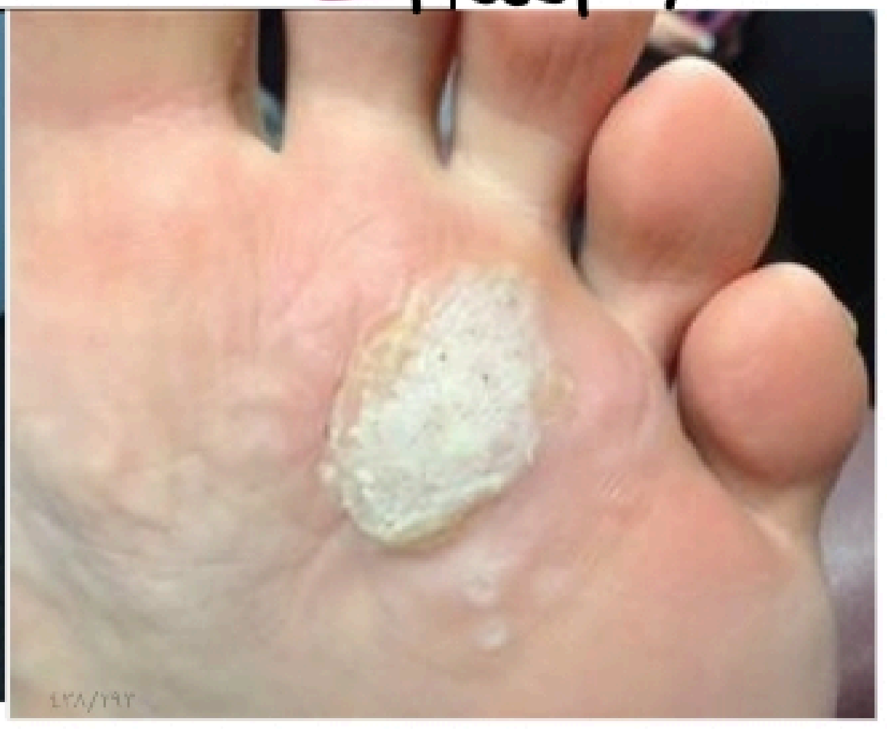


4- Filiform Wart	Long Slender Growth Commonly Seen in **Face around Lips**, **Eyelids**, and **Nose**.	**Treated by**: Electrodessication & Curettage.
5- Genital Wart (Condyloma acuminate)	Caused by **HPV 6, 11, 16, 18, 31, 33, 35** Affect Valva, Cervix, and Genital Tract **Pre-Cancerous** Lesion (***Cancer Cervix***)	**Treated by**: Podophyllin. **C\I** in Pregnancy
6- Mosaic Wart	Hard Plaque Resist to Treatment.	

we use cryotherapy

Systemic retinoid
Tetracycline
γ-Benzen Hexachloride
Podophyline





- Treatment of Wart in General:

1. Salicylic acid.

2. Podophyllin; **C\I** in **Pregnancy**→ ***Teratogenic***.

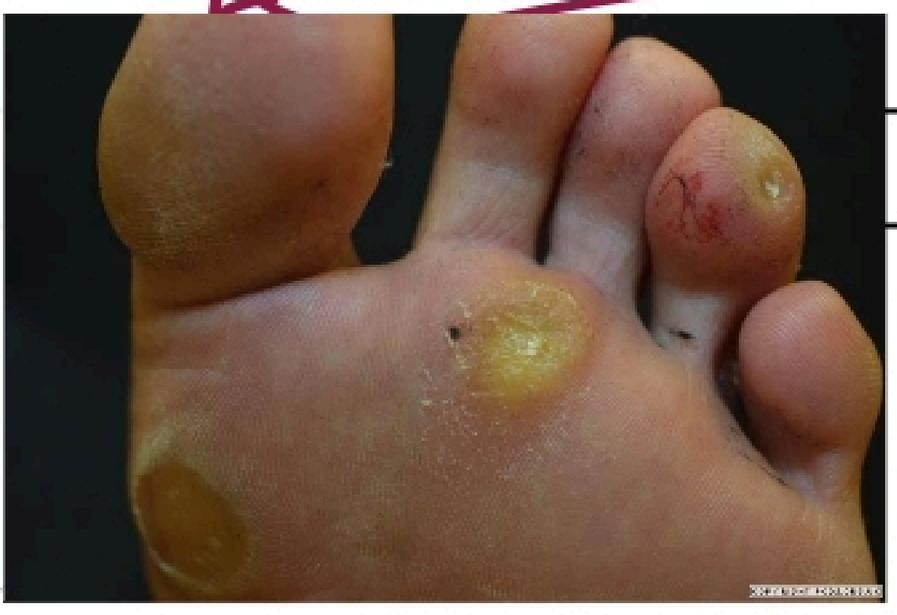
3. Electrodessication & Curettage

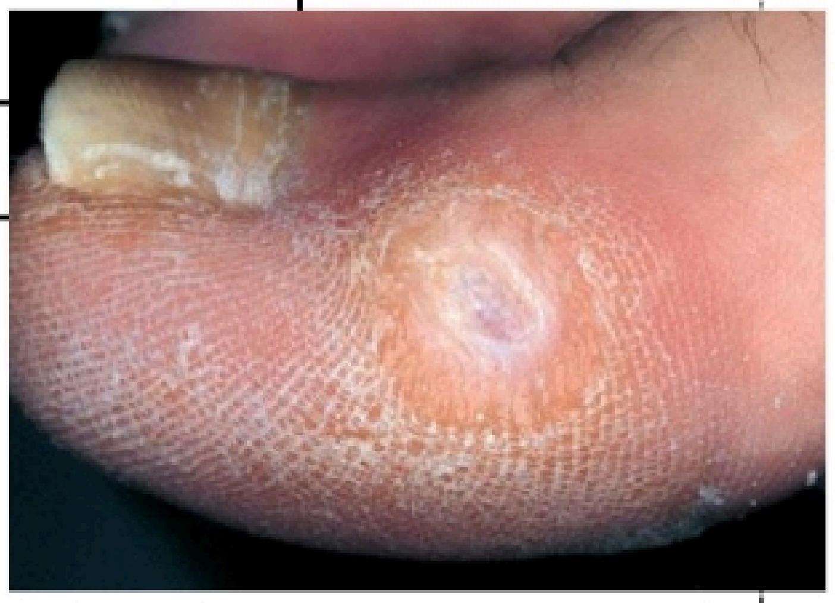
4. Cryosurgery; (Liquid Nitrogen→(**-196 C**, is the Most Effective Method of Cryosurgery).

→Liquid Nitrogen is **Very Painful** if Used in **Planter Wart**.

تجمع من الـ Keratine.

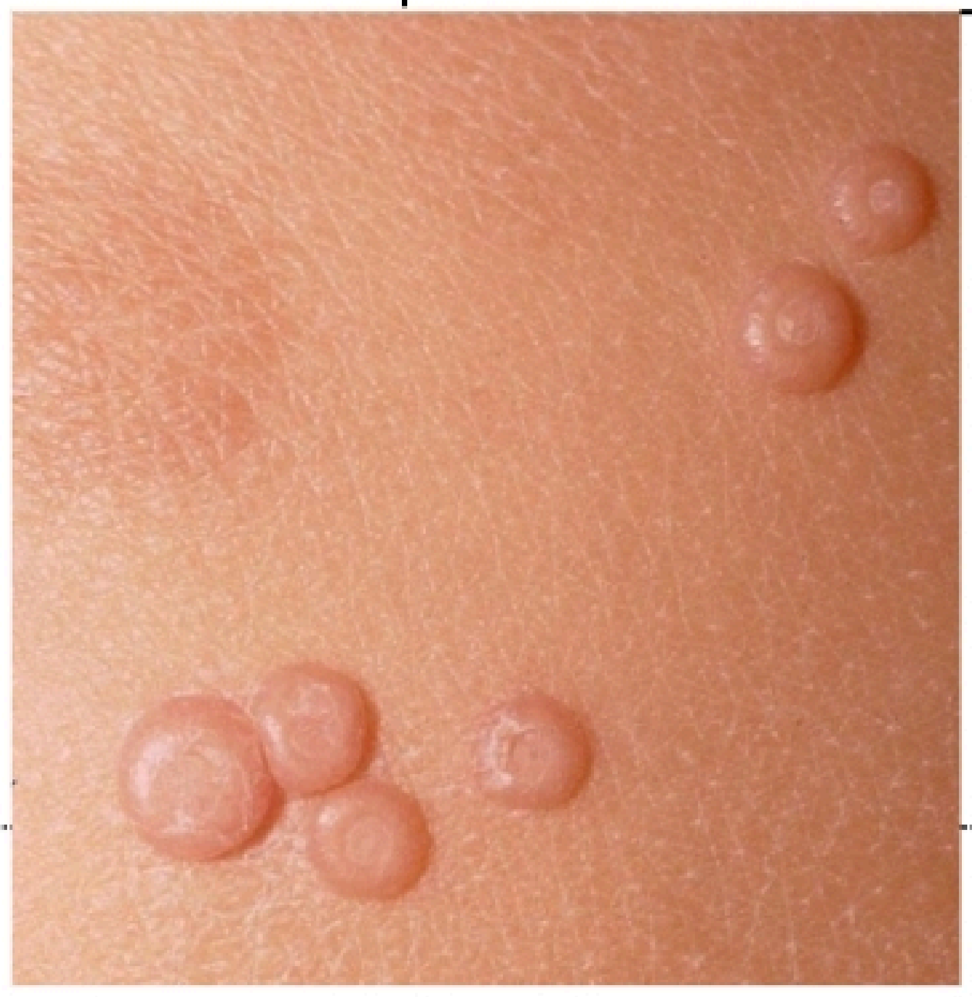
Planter Wart	***Callosity***
Present anywhere in Planter area.	Present only at Pressure area.
Painful on Side to Side Pressure. على عرض الرجل	Painful on Vertical Pressure. ع walking
Black dot.	No.
Scraping Lead to Pin-Point Bleeding.	No

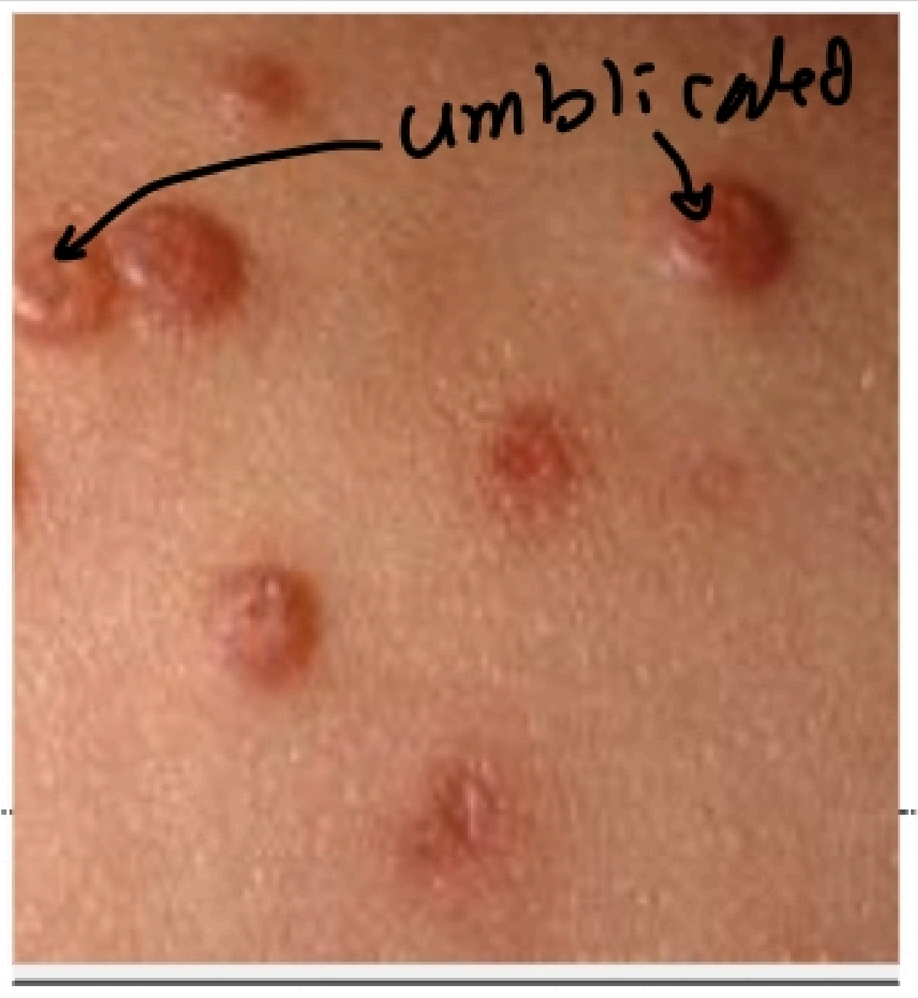


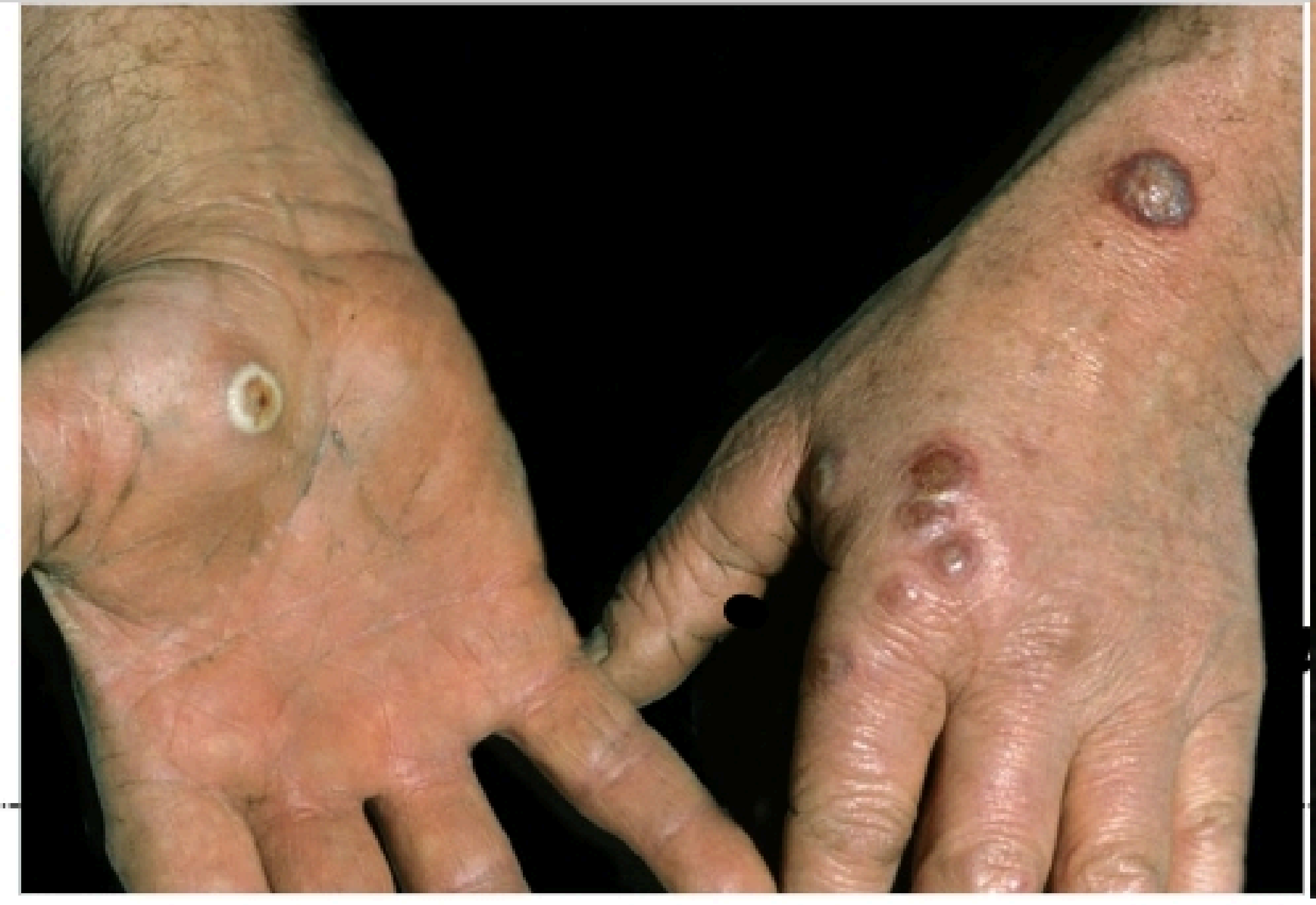


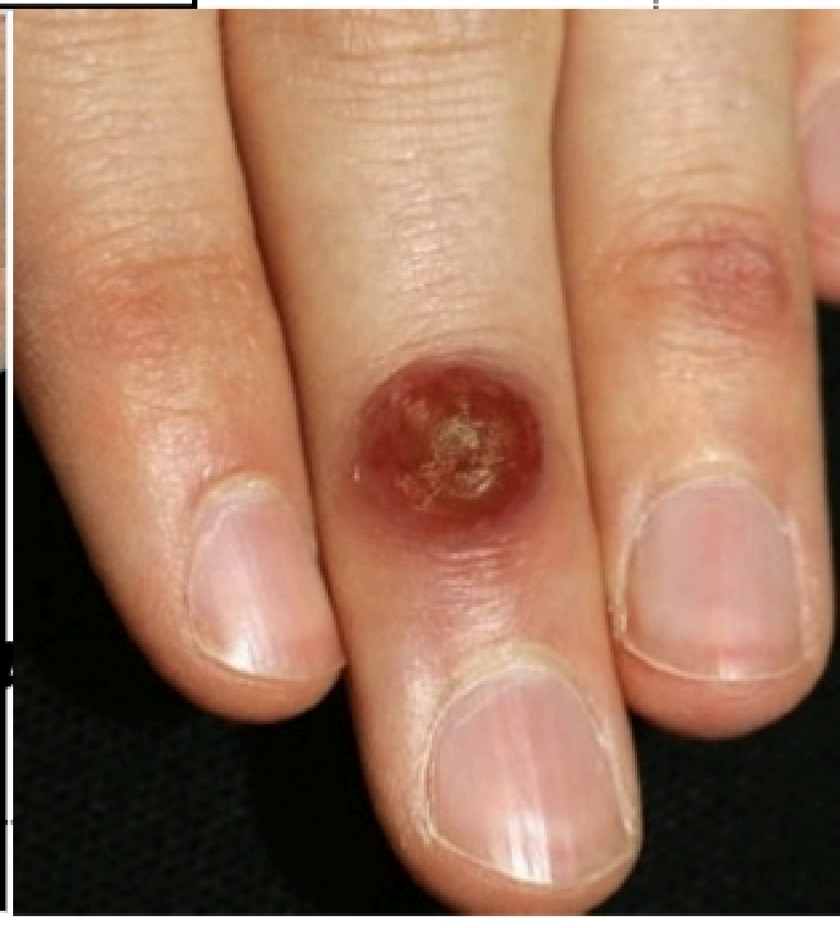
* ***Molluscum Conagiosum*** & *ORF*

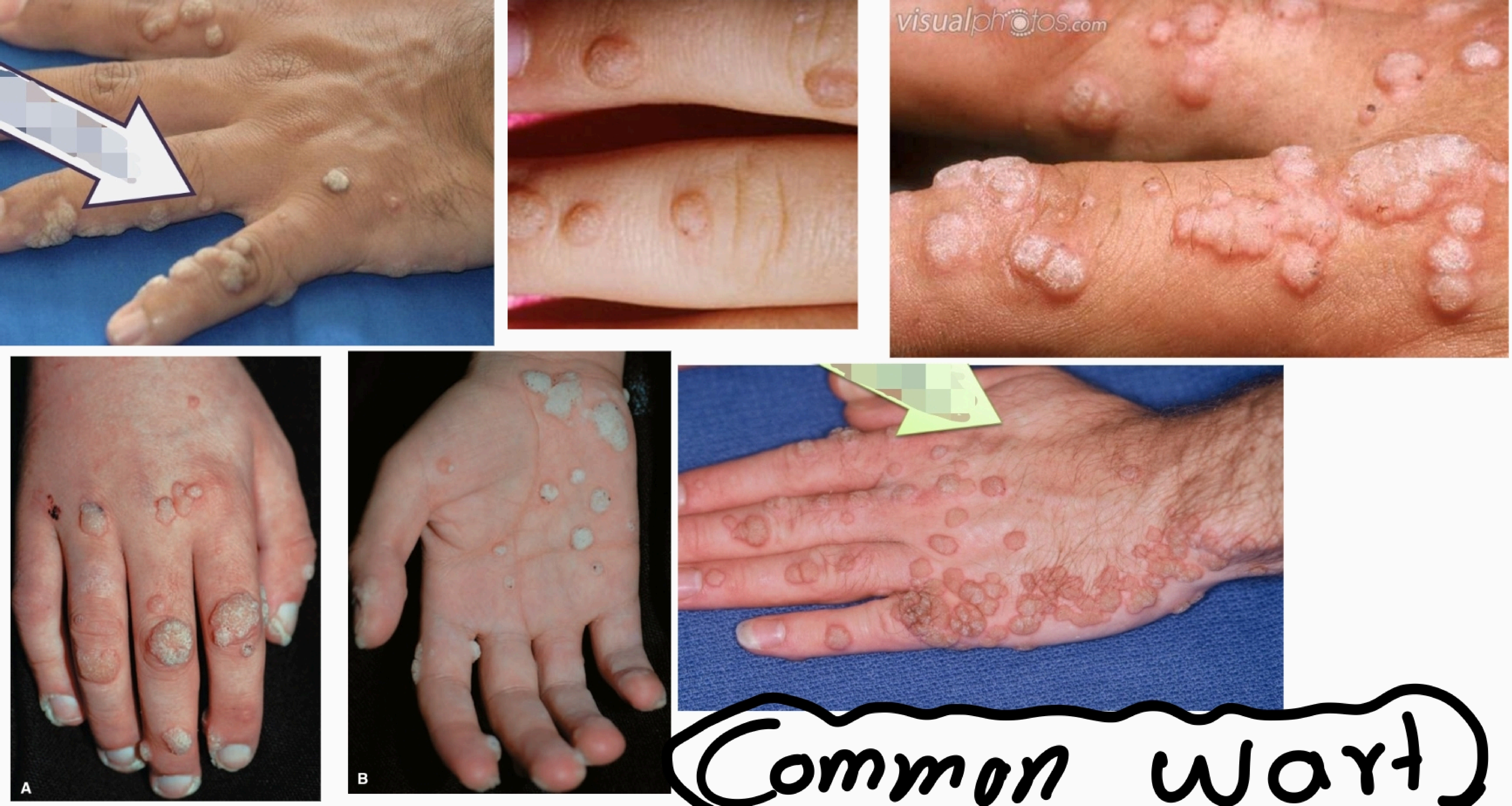
	Molluscum Conagiosum	***ORF***
Cause	Pox Virus.	Pox Virus.
Mode of Transmission	Direct Contact & Sexually.	Contact with infected Animals (Cattles).
	Common in Children.	Common in Butchers.
Clinical Picture	Pink or Red, Dome shape Papules with Central Umblicated or Punctum Contain Cheesy material **<** 0.5cm.	Single or Multiple Flat Toped Papules & Pustules on Dorsum of Hands and Fingers, Erythematous in Color.
Complication	Secondary Bacterial infection.	Lymphadenopathy & Erythema Multiform.
Treatment	Locally Removed by Curetage. Also **Cryotherapy** by Liquid Nitrogen.	Disappear Spontaneously after ***One Month***. Can use Topical Anti-Biotic.



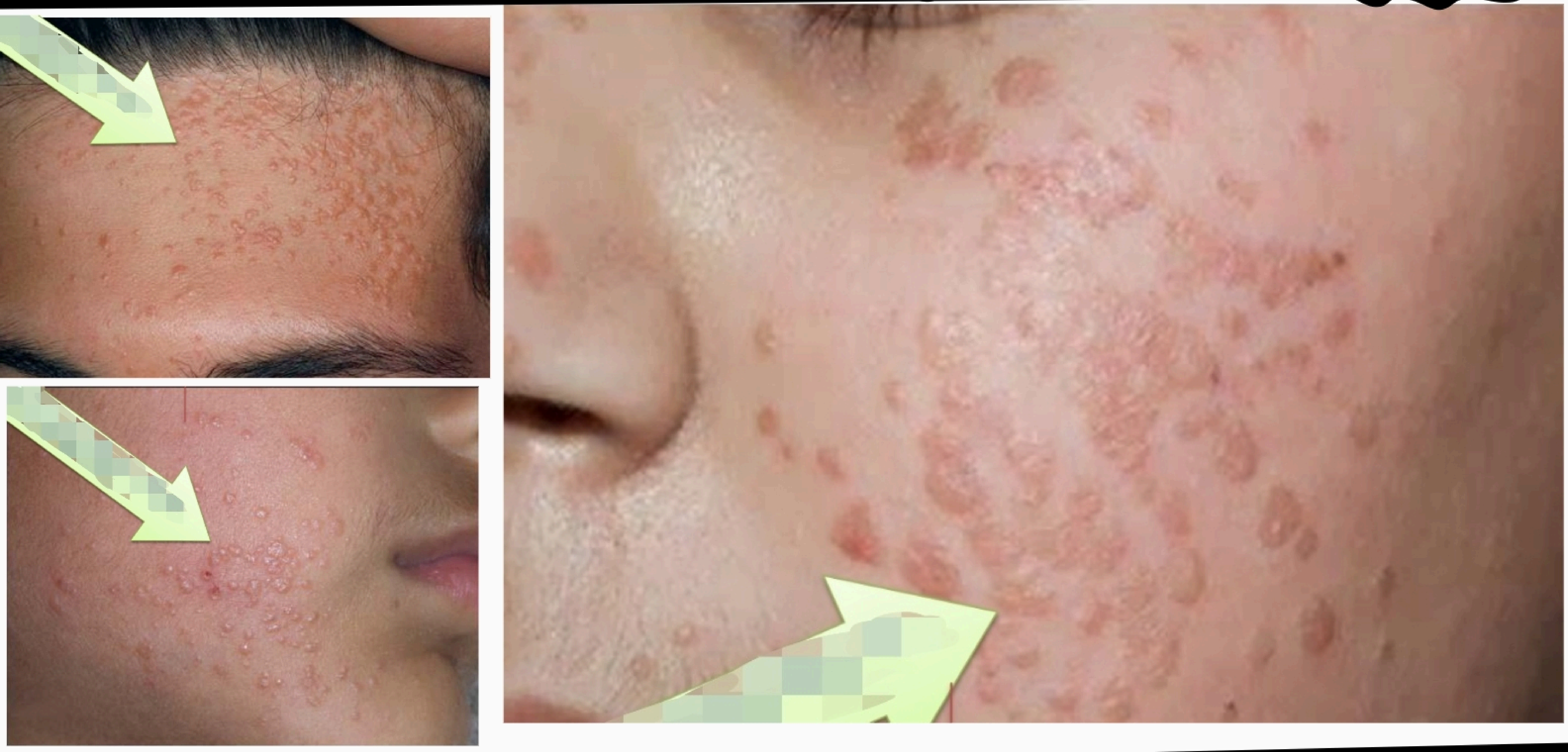




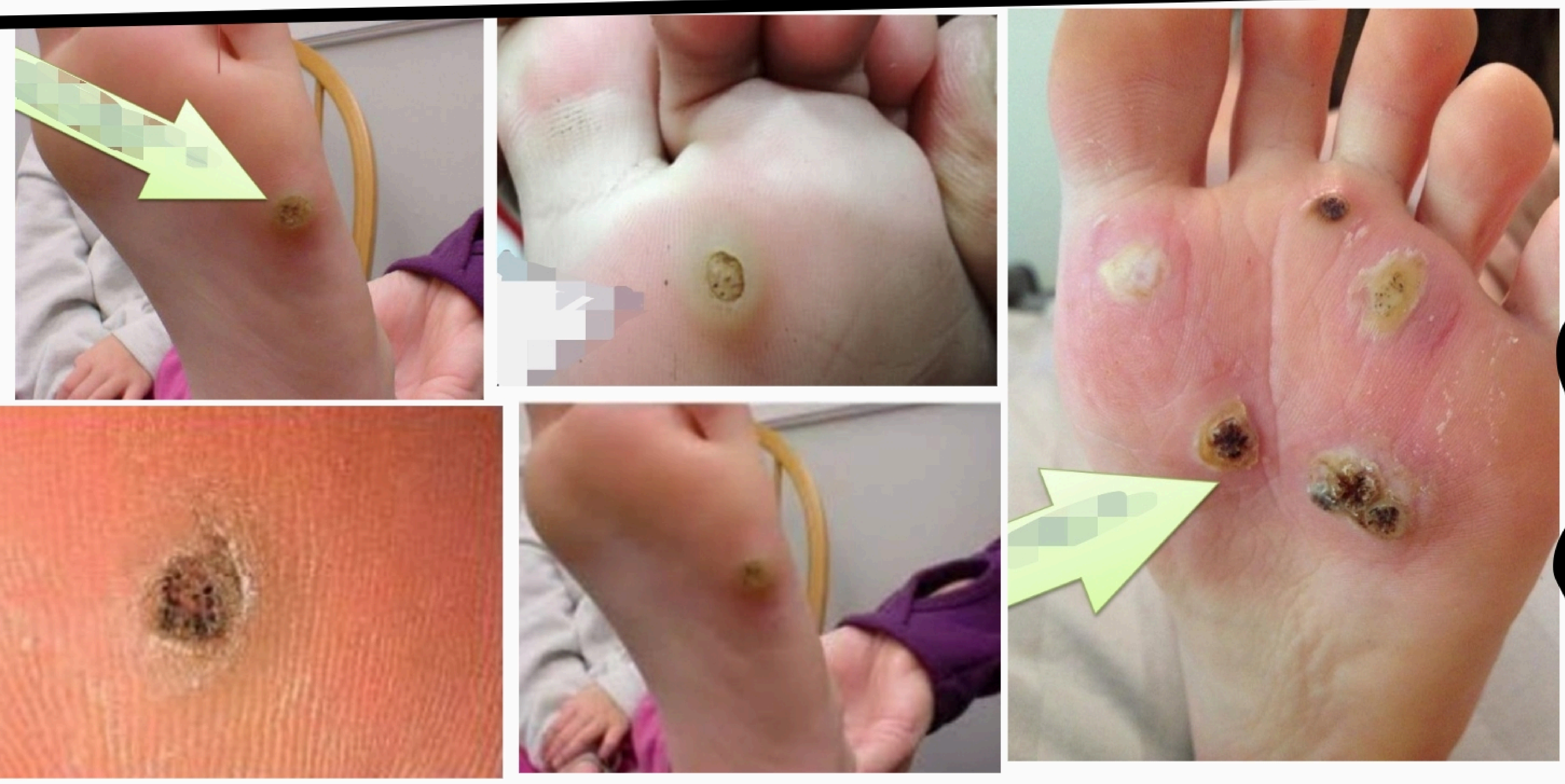



visualphotos.com

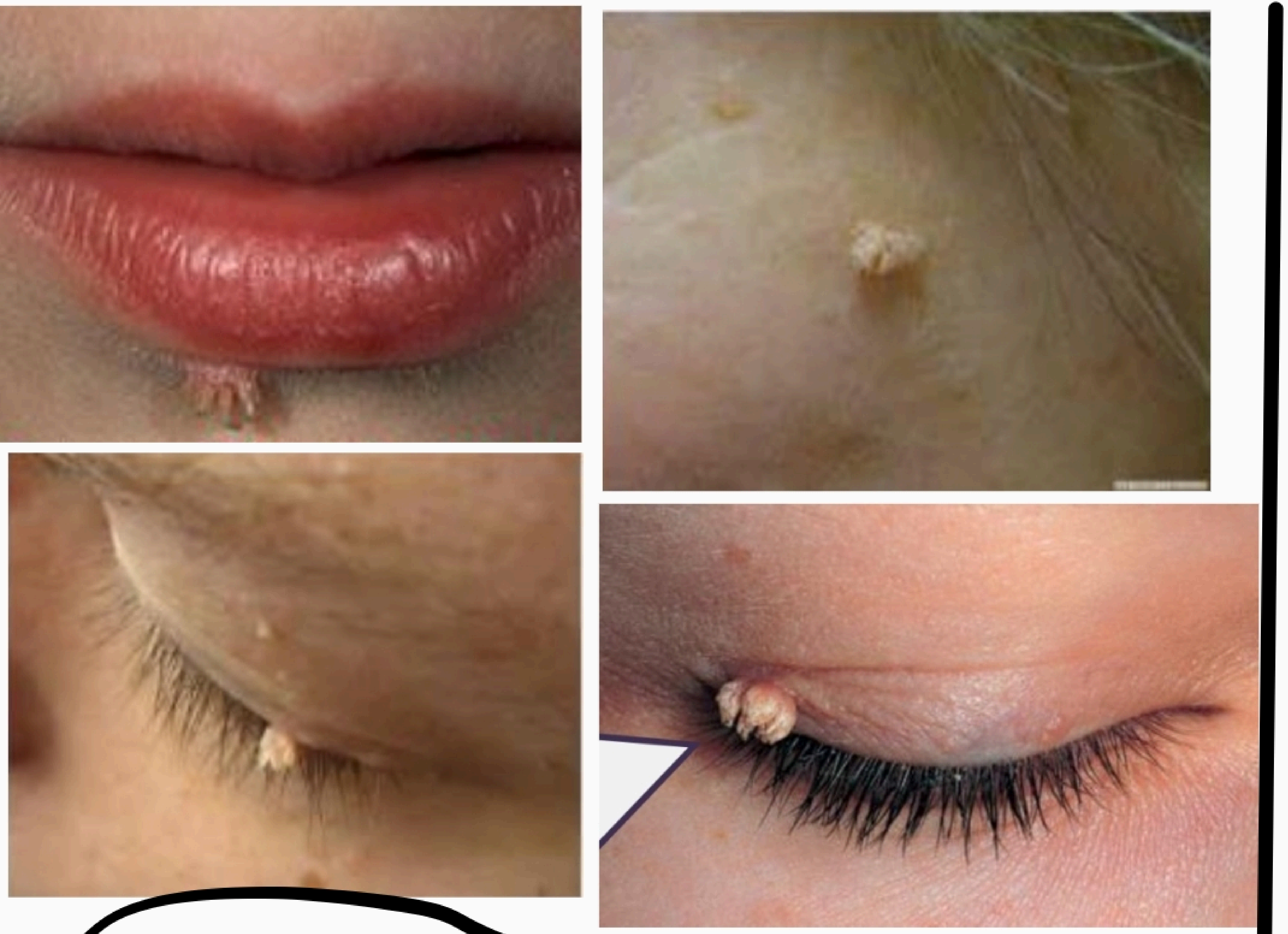
Common wart



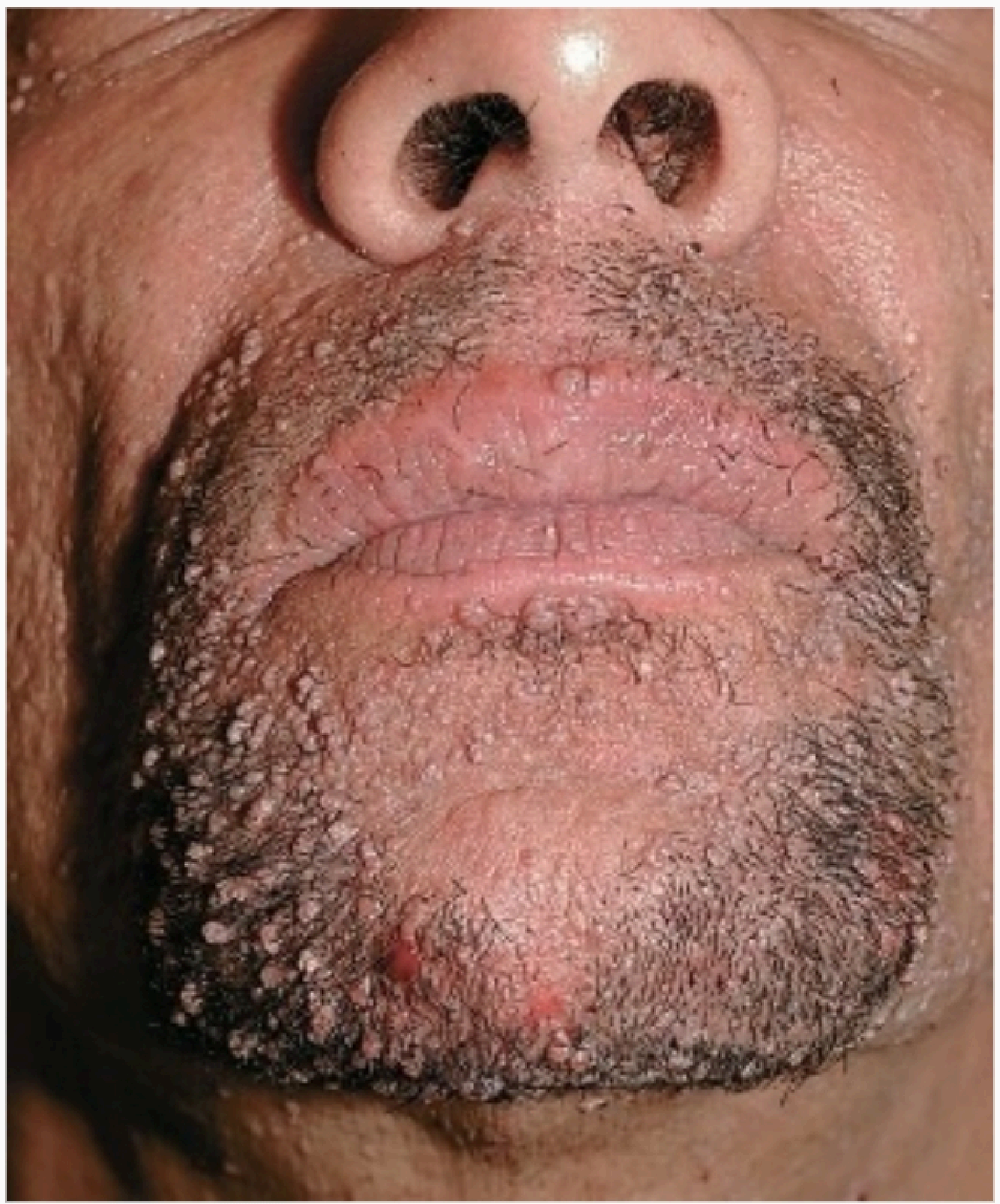
Plane wart



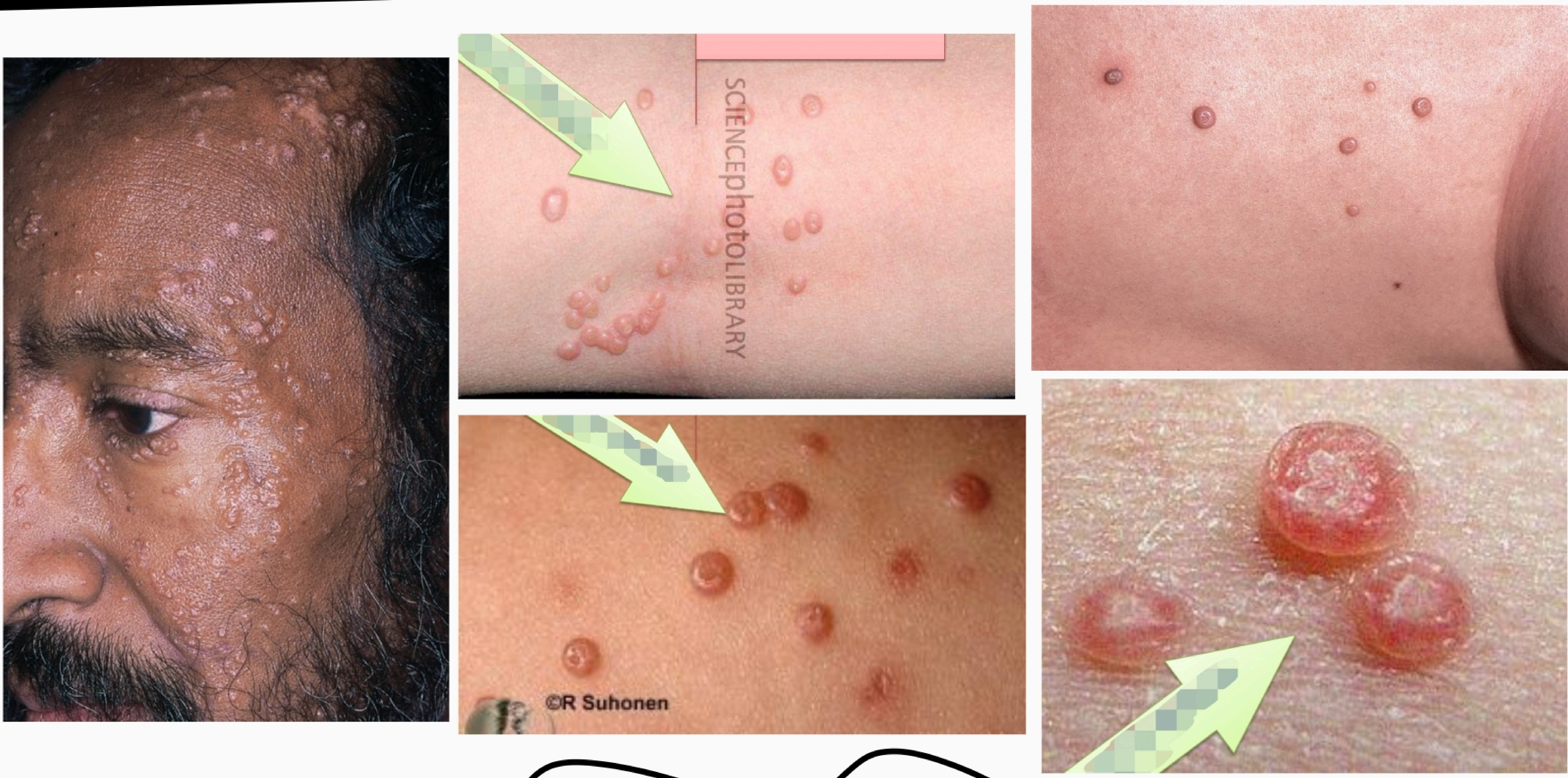
Planter wart



Filiform wart



Filiform & plane wart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Mulloscum Contagiosum

- T. manum.
- T. Pedis.
- Onychomycosis.

Fungal Skin Infection "Dermatomycosis":

Dermatomycosis Means Skin Disease Caused by ***Fungus***.

Superficial Fungal Infection includes:

1. Dermatophytes → Trichophyte, Micosporum, Epidermophyte.

2. Yeasts → Malassezia Furfura , Candida.

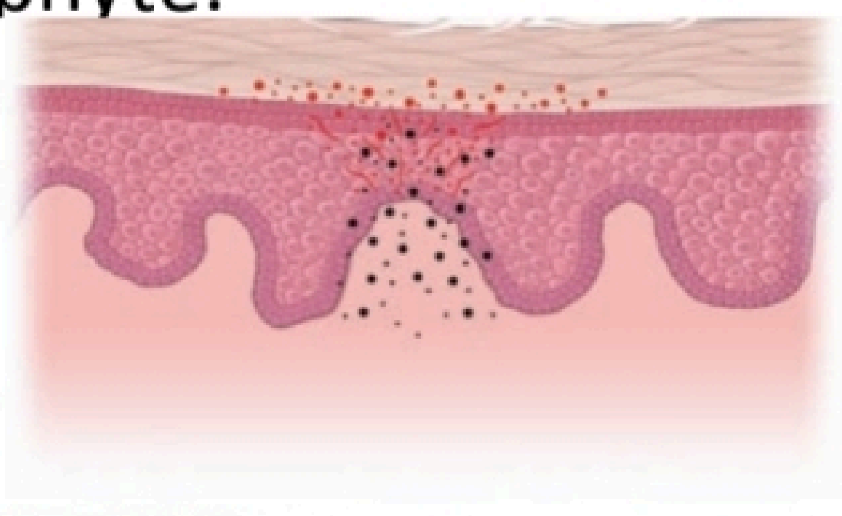


Figure 26-22. Epidermal dermatophyte infections Dermatophytes (red dots and lines) within the stratum corneum disrupt the horny layer and thus lead to scaling; also elicit an inflammatory response (black dots symbolize inflammatory cells), which may then manifest as erythema, papulation, and vesiculation.

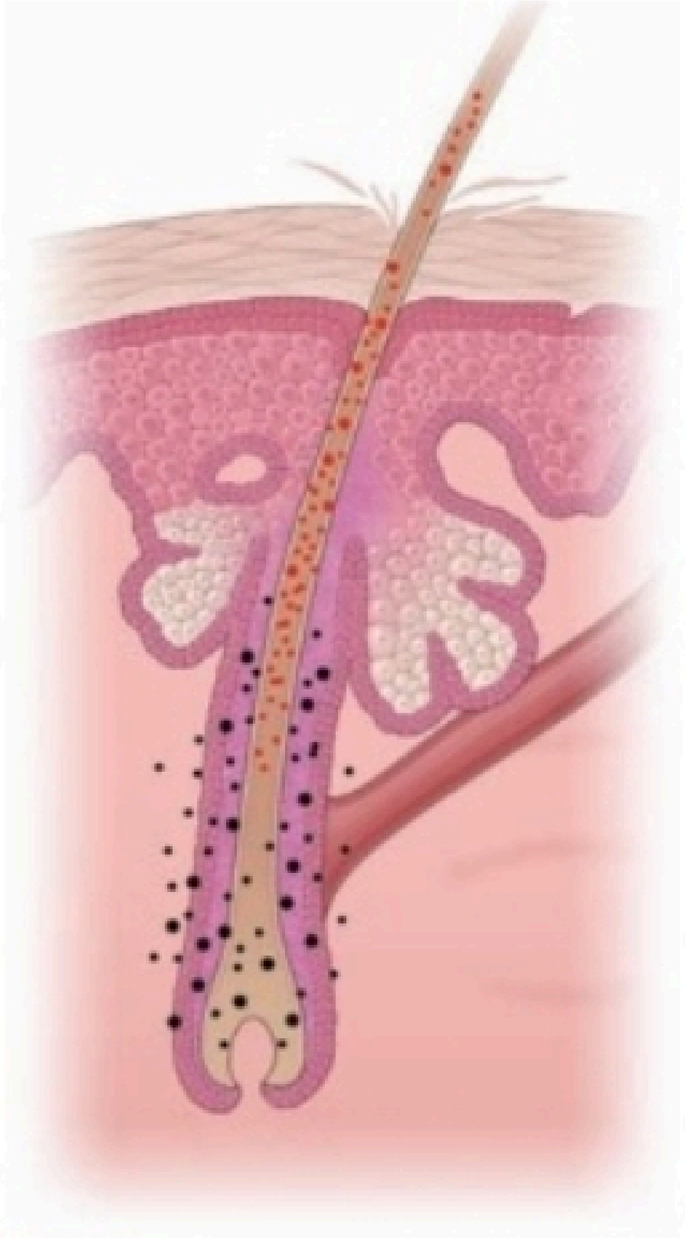


Figure 26-23. Hair follicle dermatophyte infections Hair shaft is involved (red dots) resulting in the destruction and breaking off of the hair. If the dermatophyte infection extends farther down into the hair follicle, it will elicit a deeper inflammatory response (black dots) and this manifest as deeper inflammatory nodules, follicular pustulation, and abscess formation.

> ***Dermatophytes:*** It includes:

1- Trichophyte → Affect Skin, Hair, and Nail.

2- Micosporum → Affect Skin and Hair.

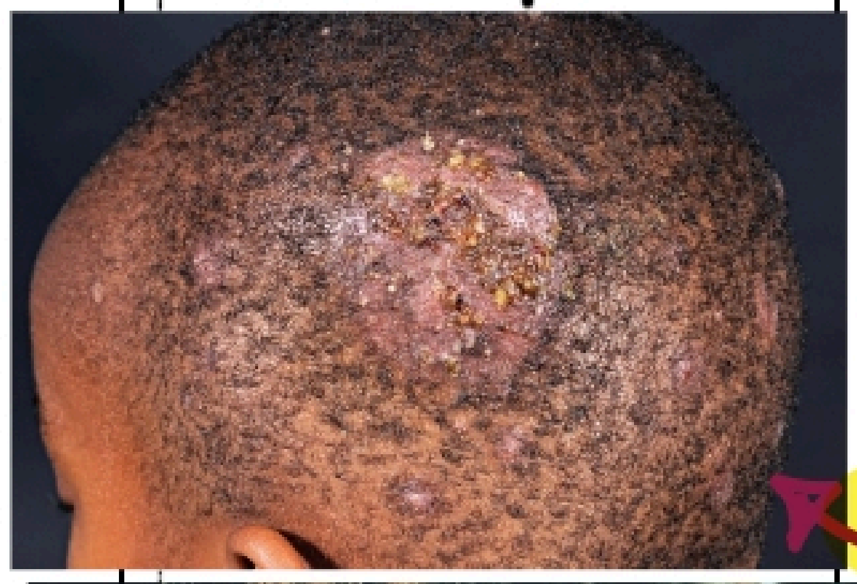
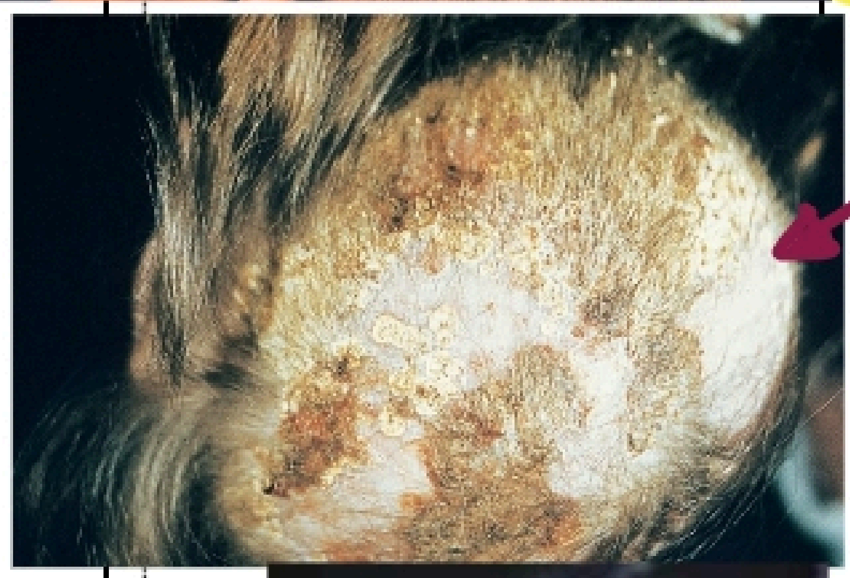
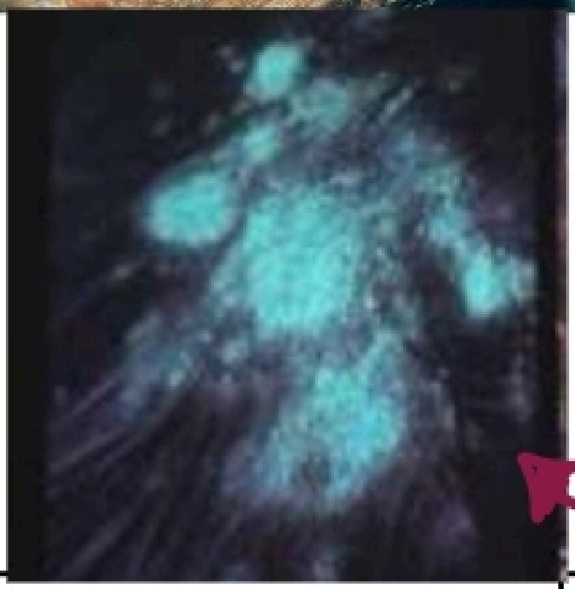
3- Epidermophyte → Affect Only Skin.

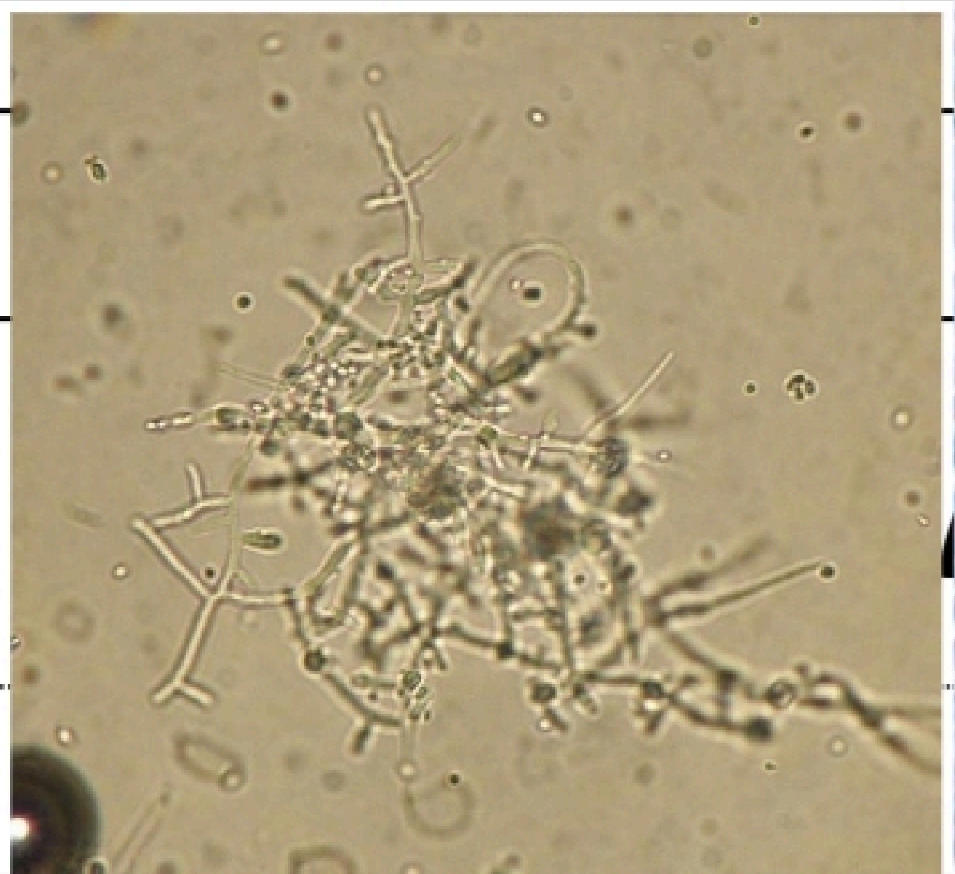
Dermatophytosis: Means Fungal infection Caused by ***Dermatophytes***.

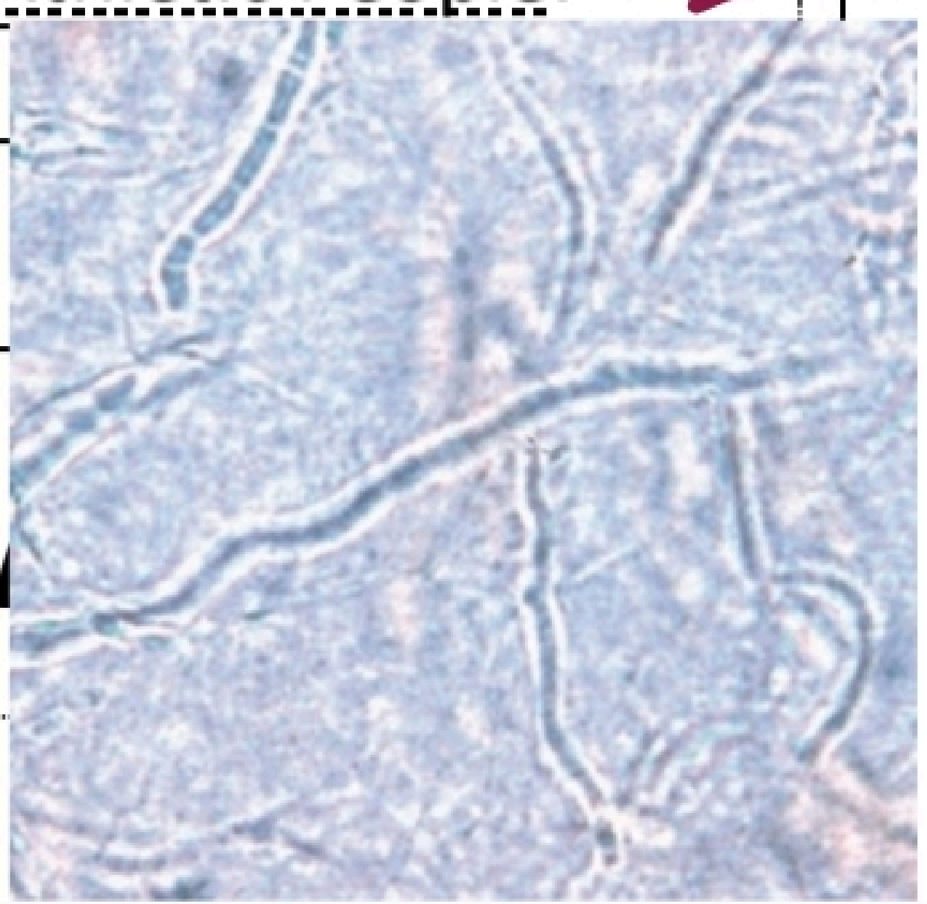
* ***Trichophyte***

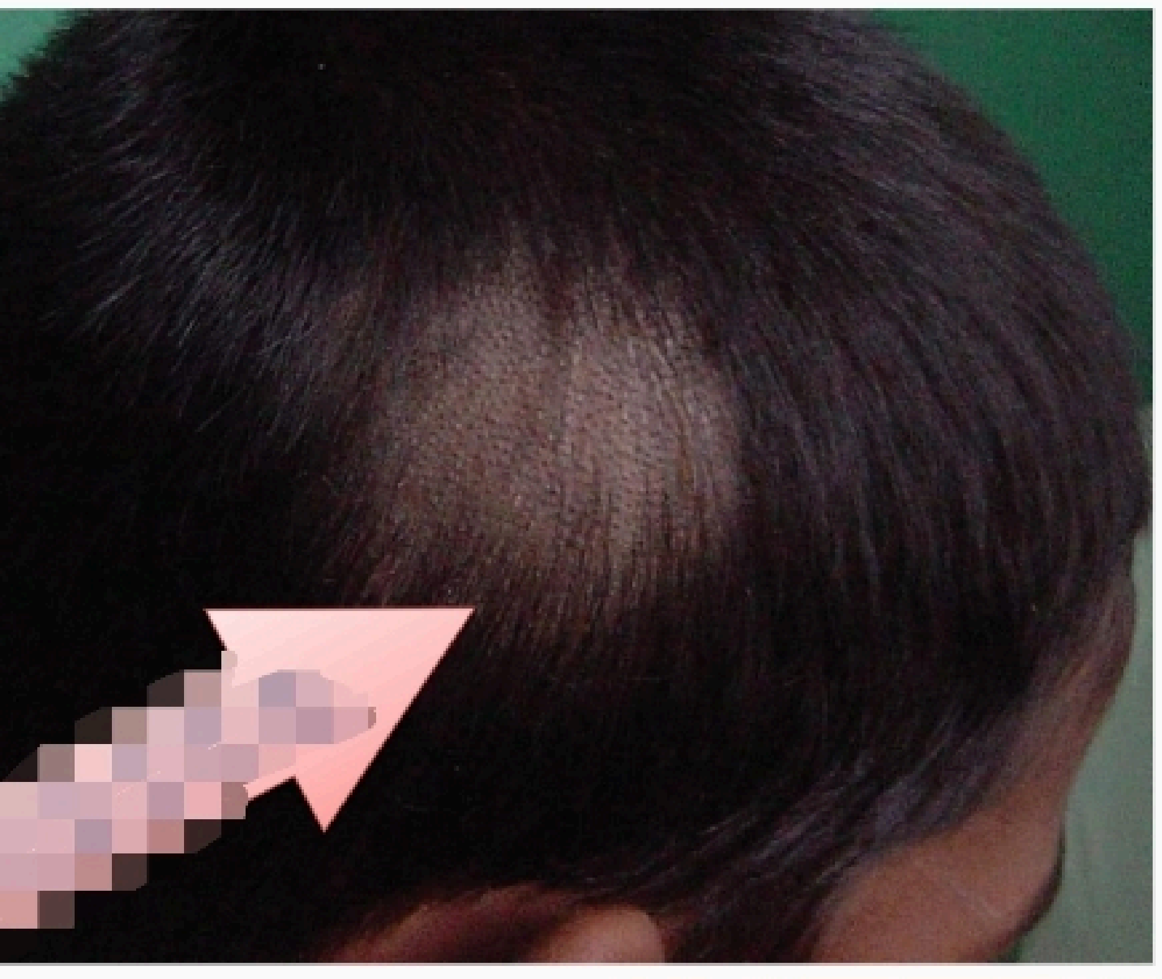
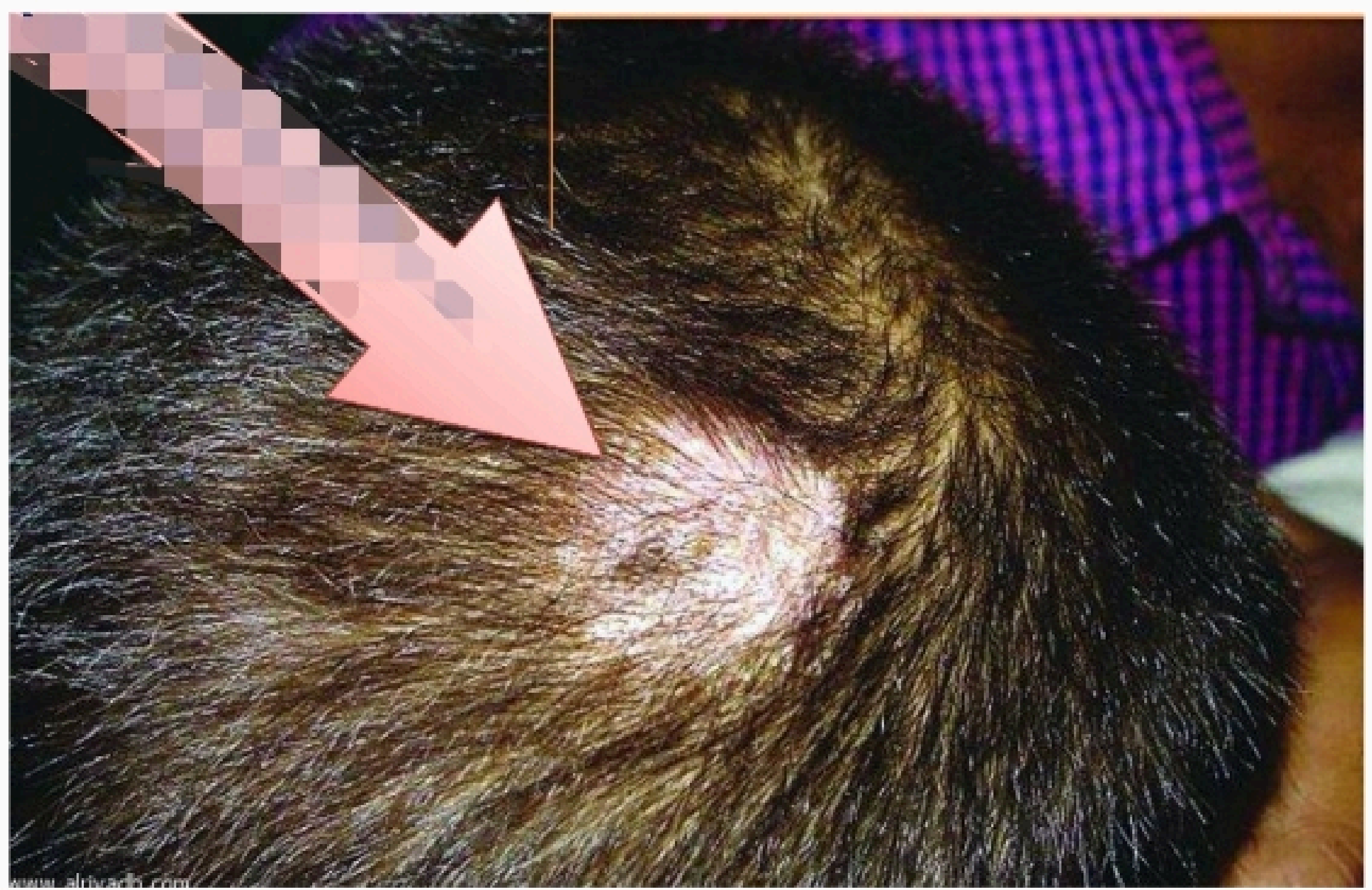
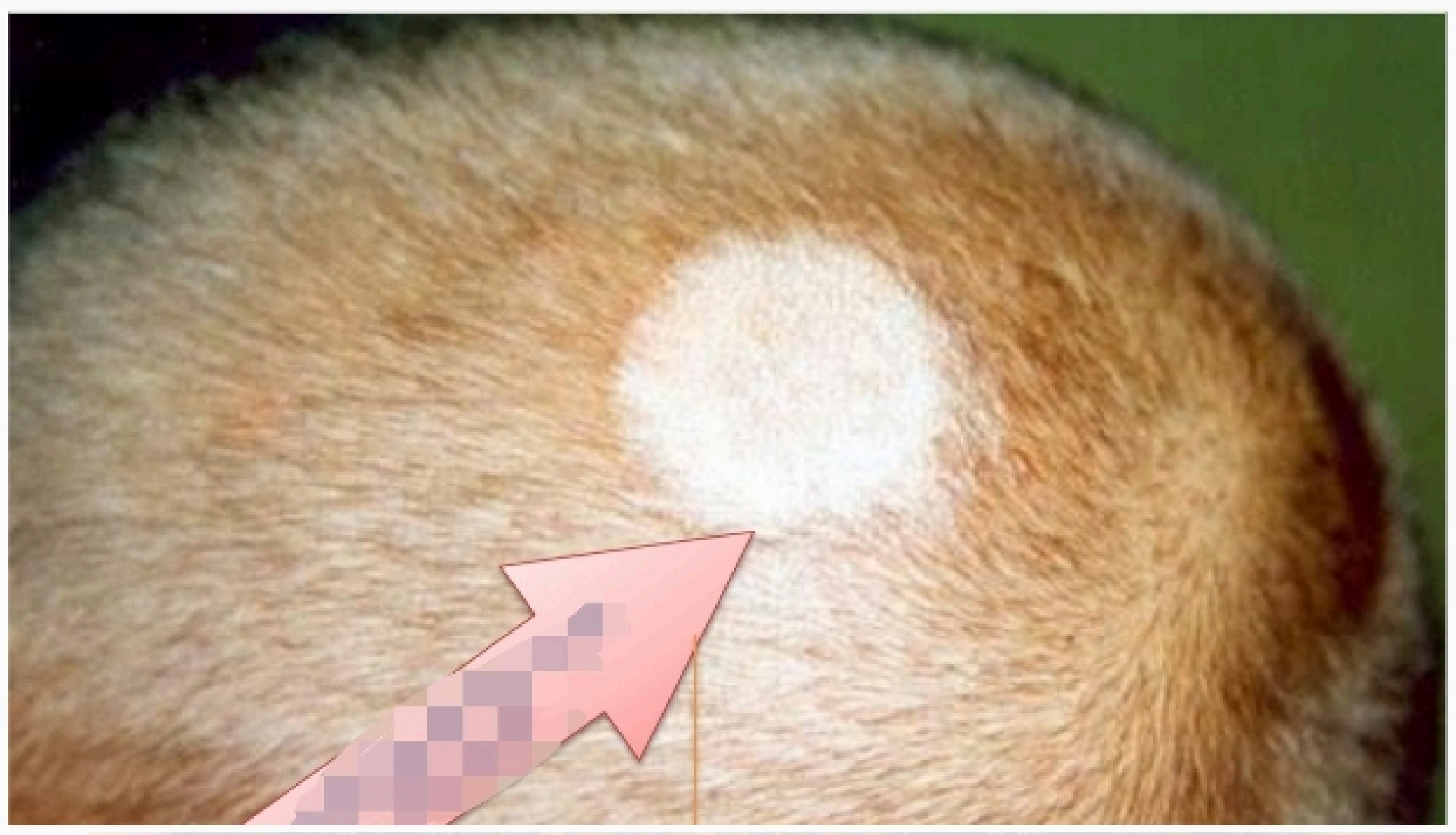
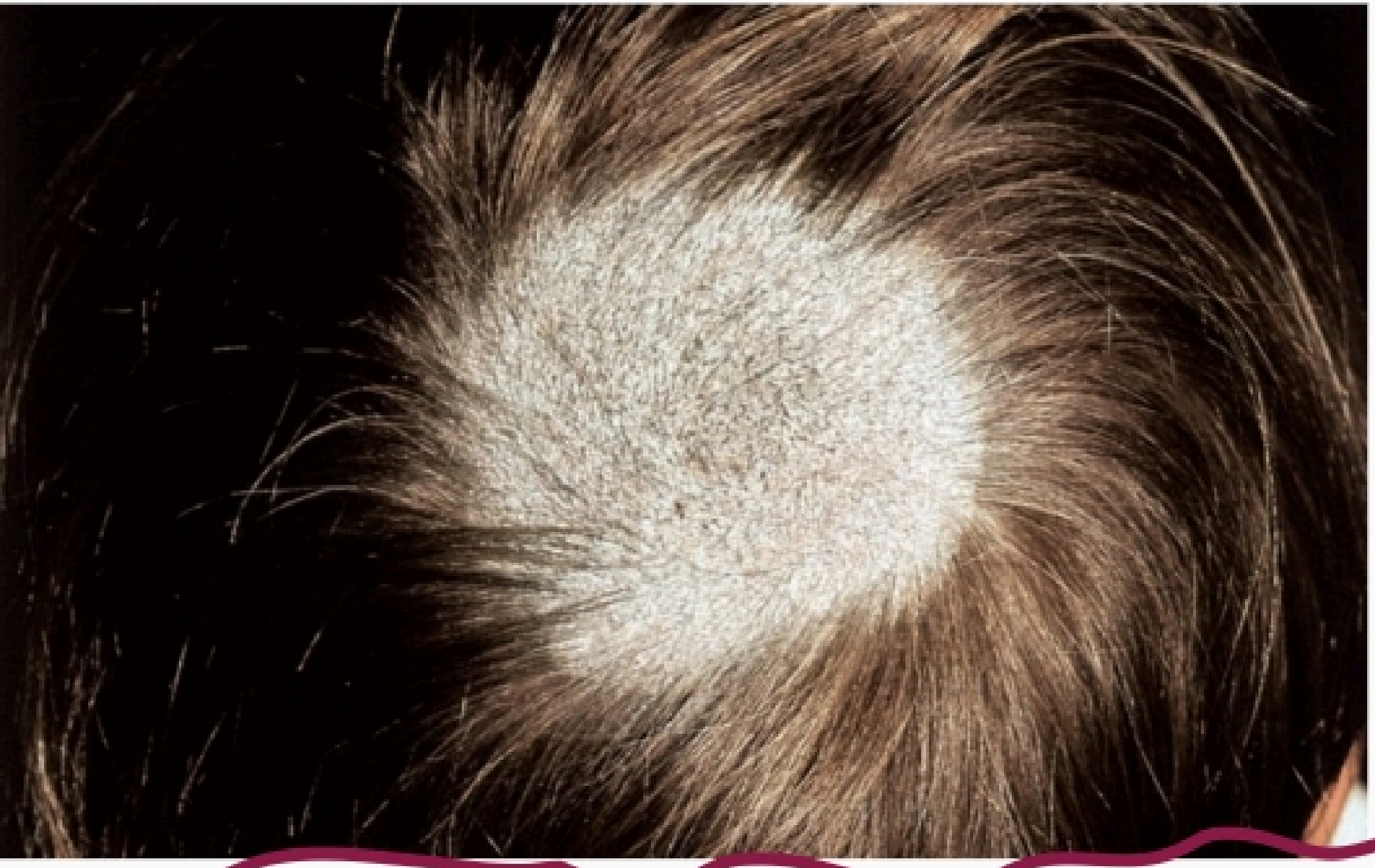
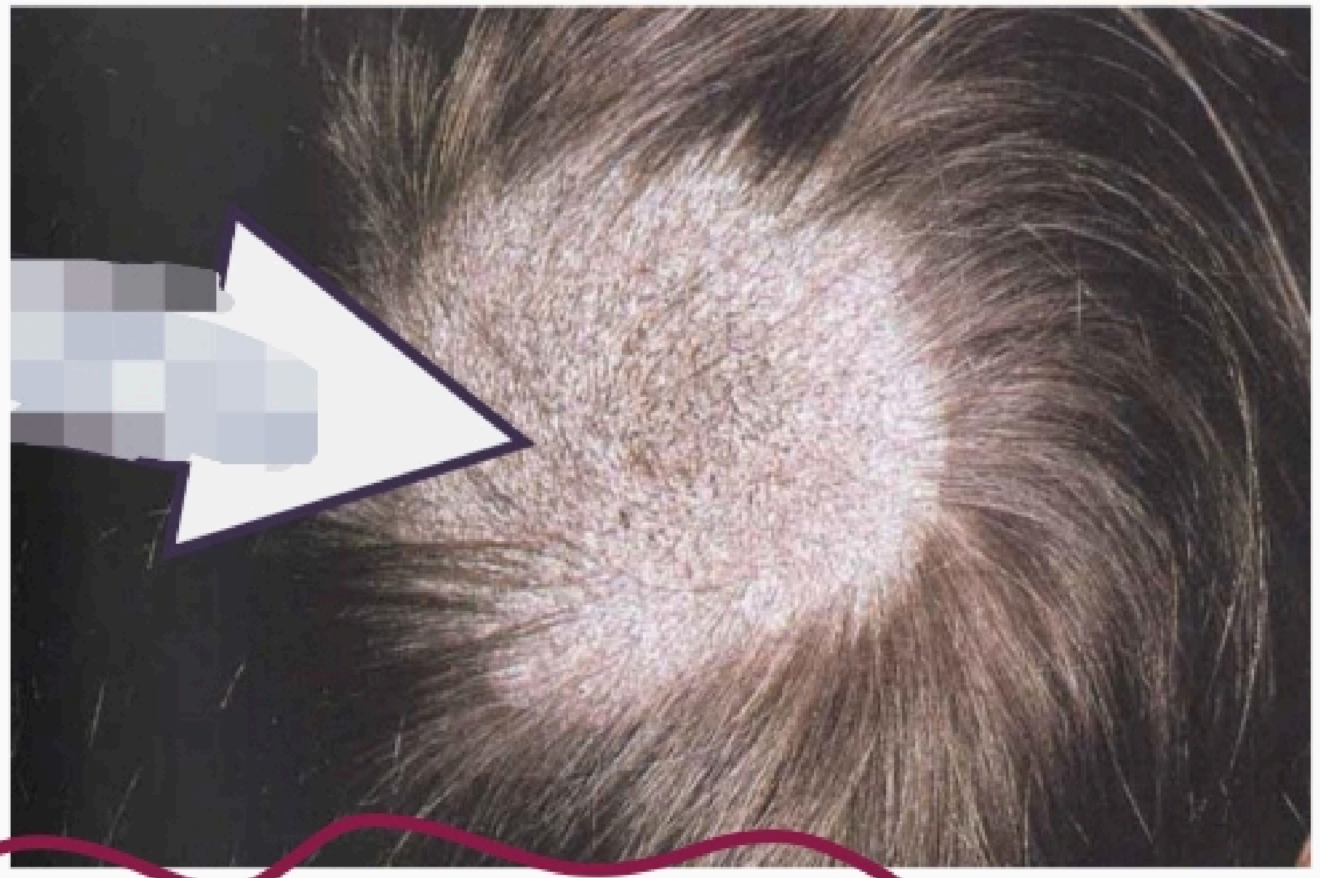
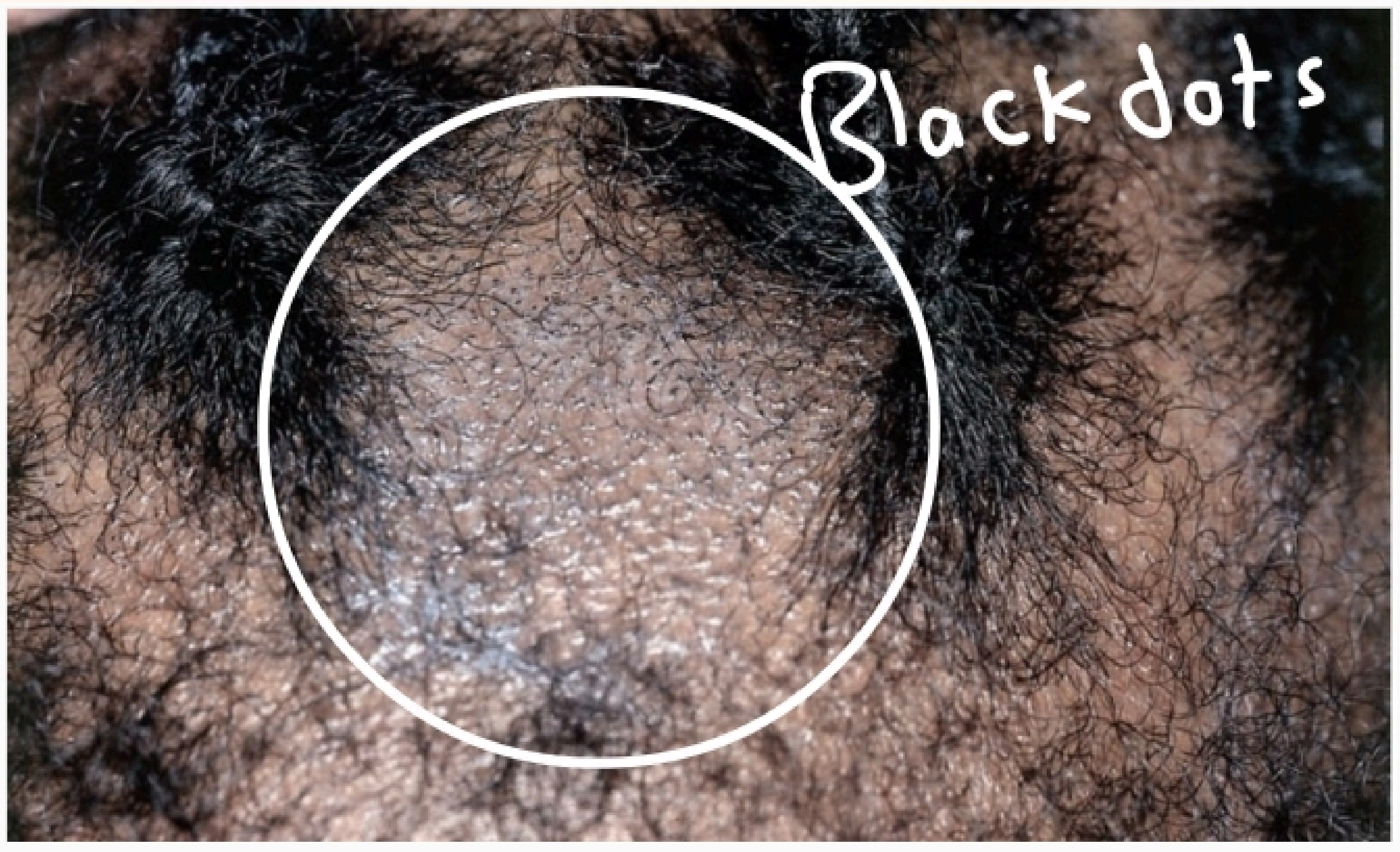
This Type of Dermatophyte Cause Fungal Infection Known as; **Tinea** "Ring Worm".

- **Types of Tinea:** Tinea is a Greek words means Ring " حلقة"

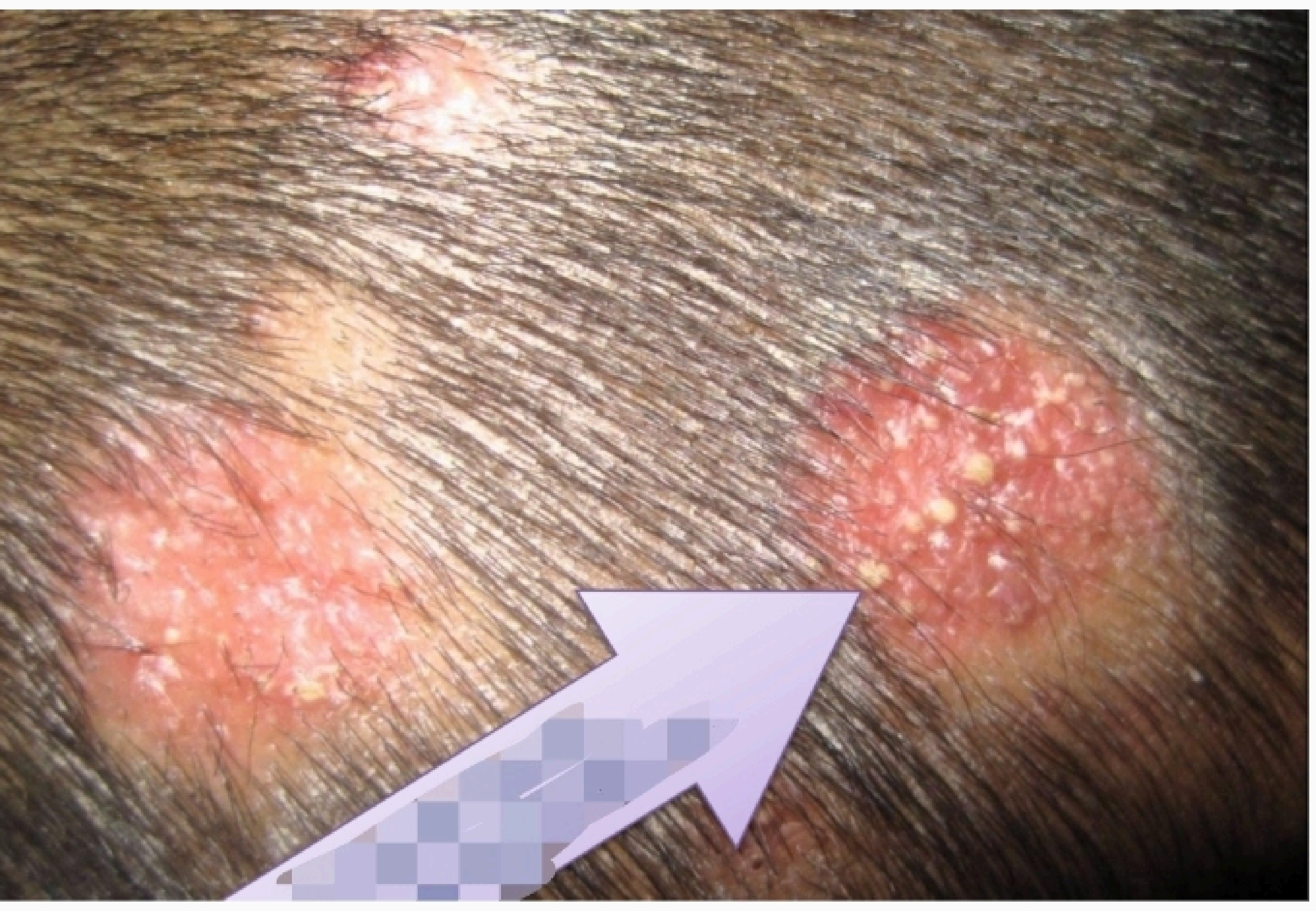
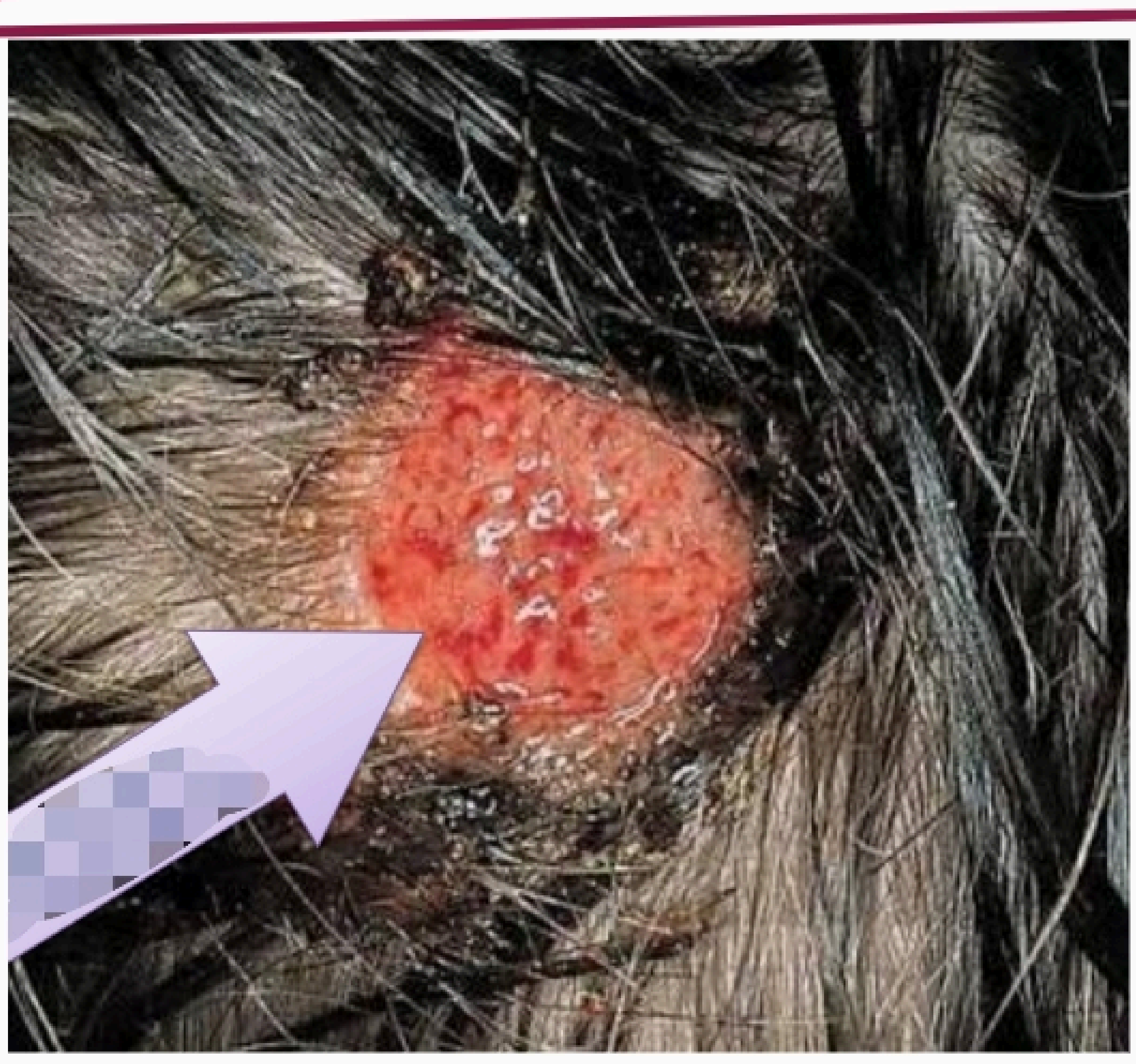
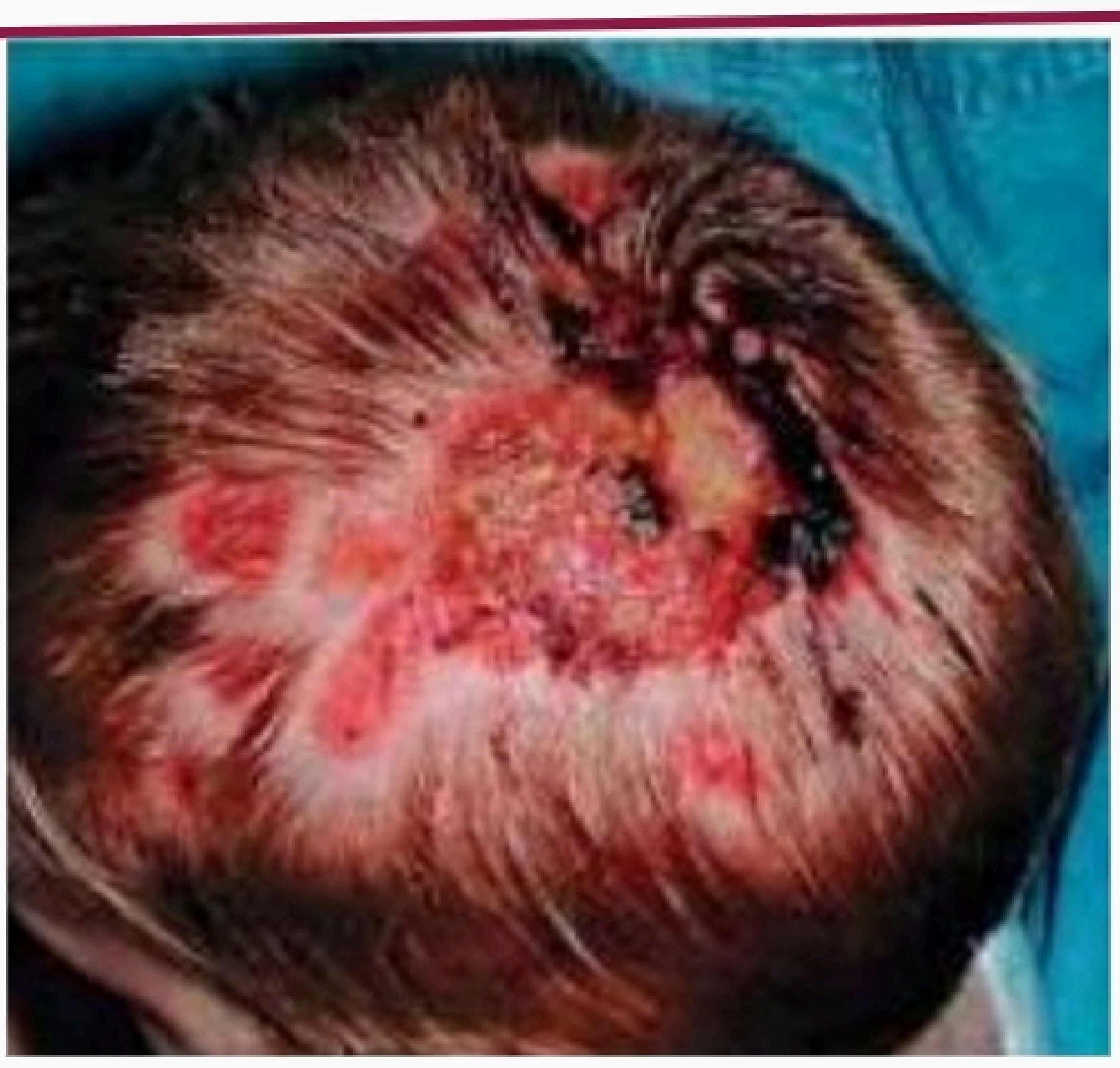
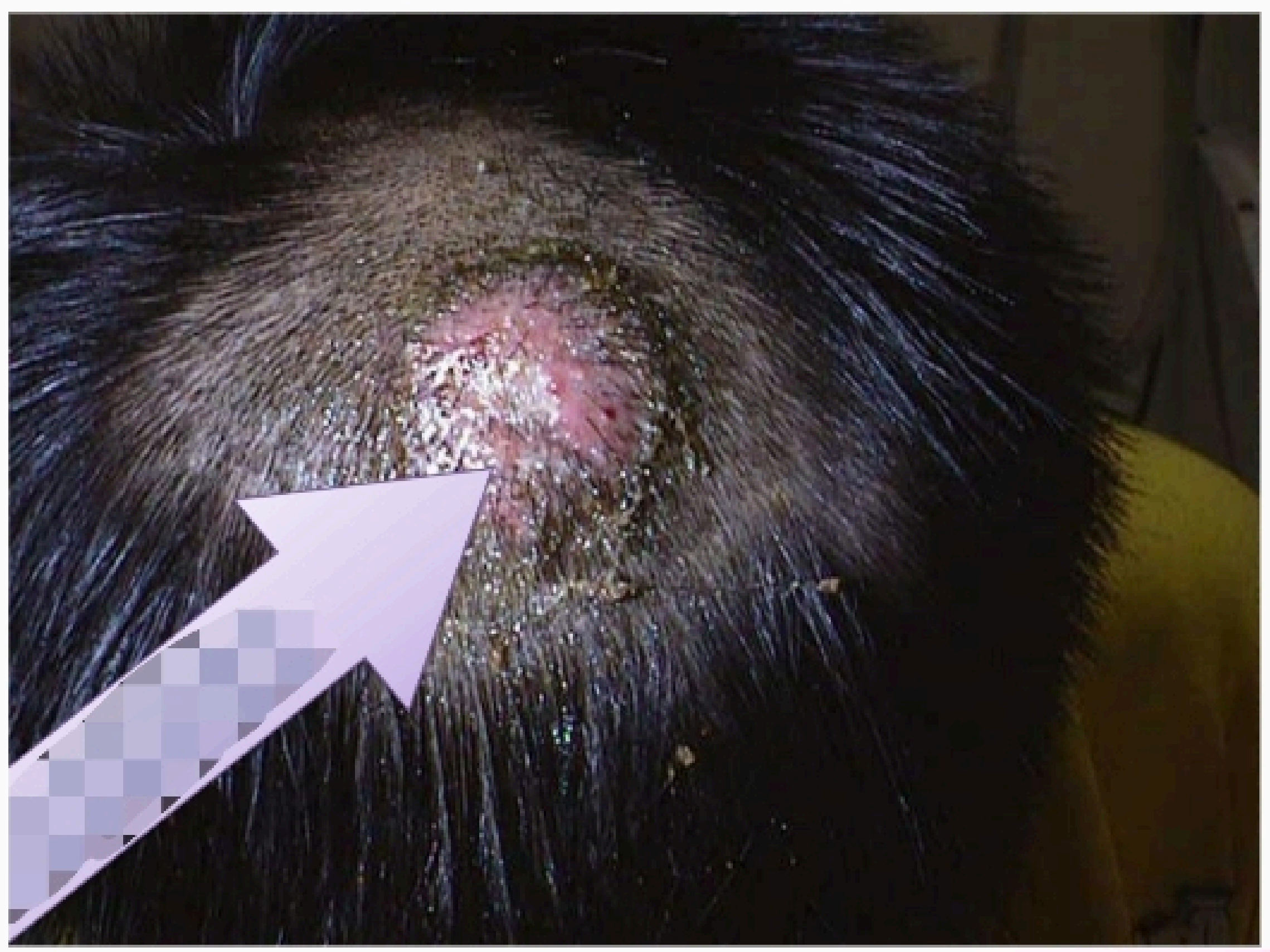
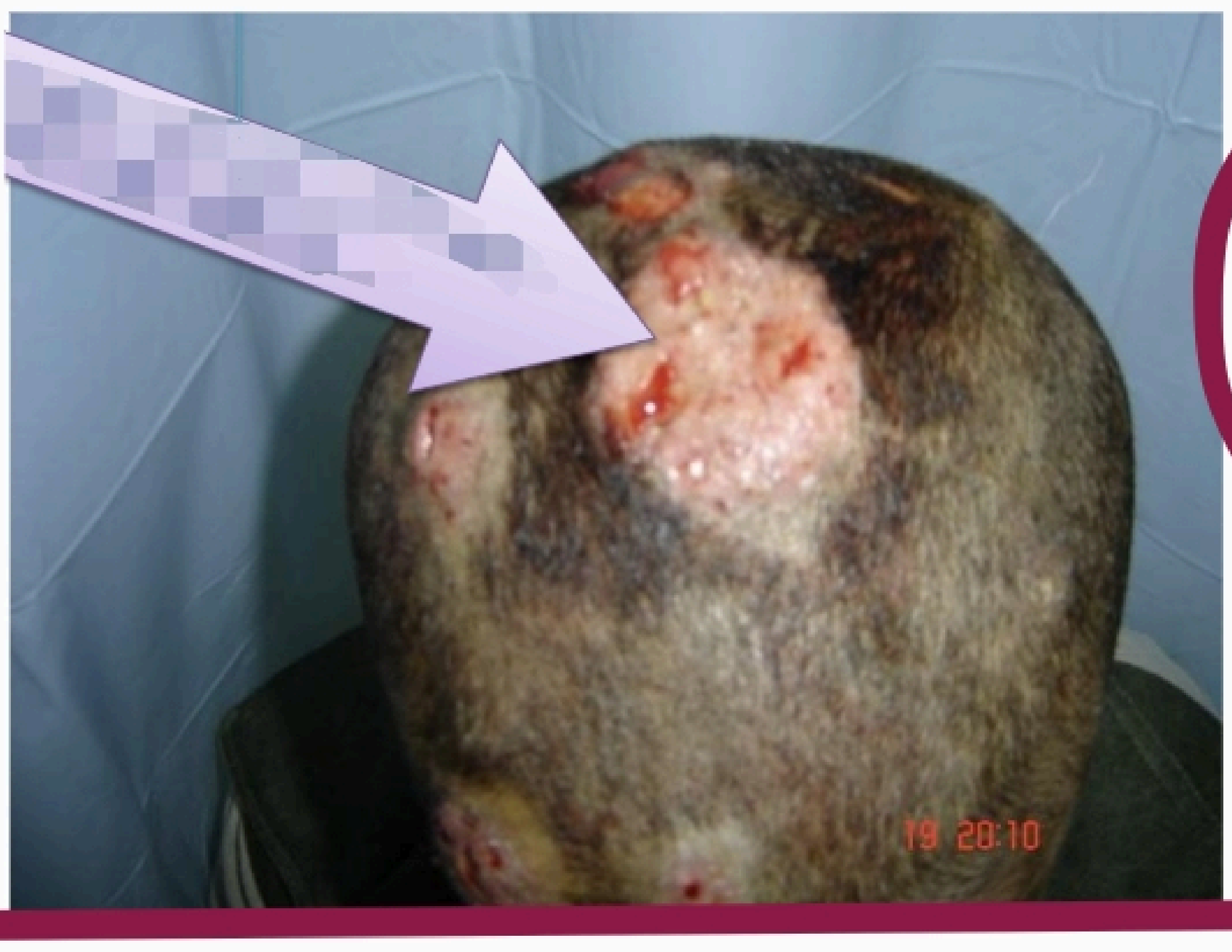
Types according to the affected site	
Tinea Capitis   	Usually affects the Children less than **12** years, There are Two Types; • ***Non inflammatory Tinea Capitis:*** → Patches of Hair loss Causing **Non Scaring Alopecia**. The Hair shaft break Gives **Black Dots** appearance. • ***Inflammatory Tinea Capitis***: it has Two Pictures; **Kerion:** → عجينة Boggy inflammatory Nodules or Plaques, **Very Painful**, Draining Pus from **Multiple** Opening, Hairs **Not** break but Fallout Easy Leading to **Scaring Alopecia**. **Favus:** → It is a **Chronic** infection appear as Thick, **Yellow Cup** shaped Crust Named "**Scatula**" Cup shaped Crust It has Smell Like **Mouse Smell**, Leading to **Scaring Alopecia**. ➢ **Diagnosis:** **1.** Microscopic with **KOH**. Defferentiated B/W < Alopecial Areata / T.capitis Collect Sample by Scraping Skin lesion & Put in Microscopic Slide with **KOH 10-20%** → If you see **Hyphea & Spores**; that indicate Fungal Infection (NOTE: **KOH for Favus Cause Air Bubbling**). **2.** Woods Lamp: **Green in Tinea Capitis**.
Tinea Pedis "Athletic Foot"	Common in Toe web between **4th & 5th** Toe, Common in Athletic People Also Diabetic Patient. لبس البواتي لفترة طويلة Presented with Inter-Digital Whitish Maceration, Fissure, and Itching.
Tinea Corporis body	Single or Multiple Scaly Erythematous Plaque with sharp raised edges & Central Clearing.
Tinea Cruris Groin	Itchy, Erythematous, Scaly Plaques, Well-Demarcated Margin, Common in Athletic People.
Tinea Manuum Hand «manual»	Common in the Palm of the Hands.
Tinea Unguium Nail **"Onychomycosis"**	Fungal Infection in Nail plate. Common in **Diabetic Patient**.



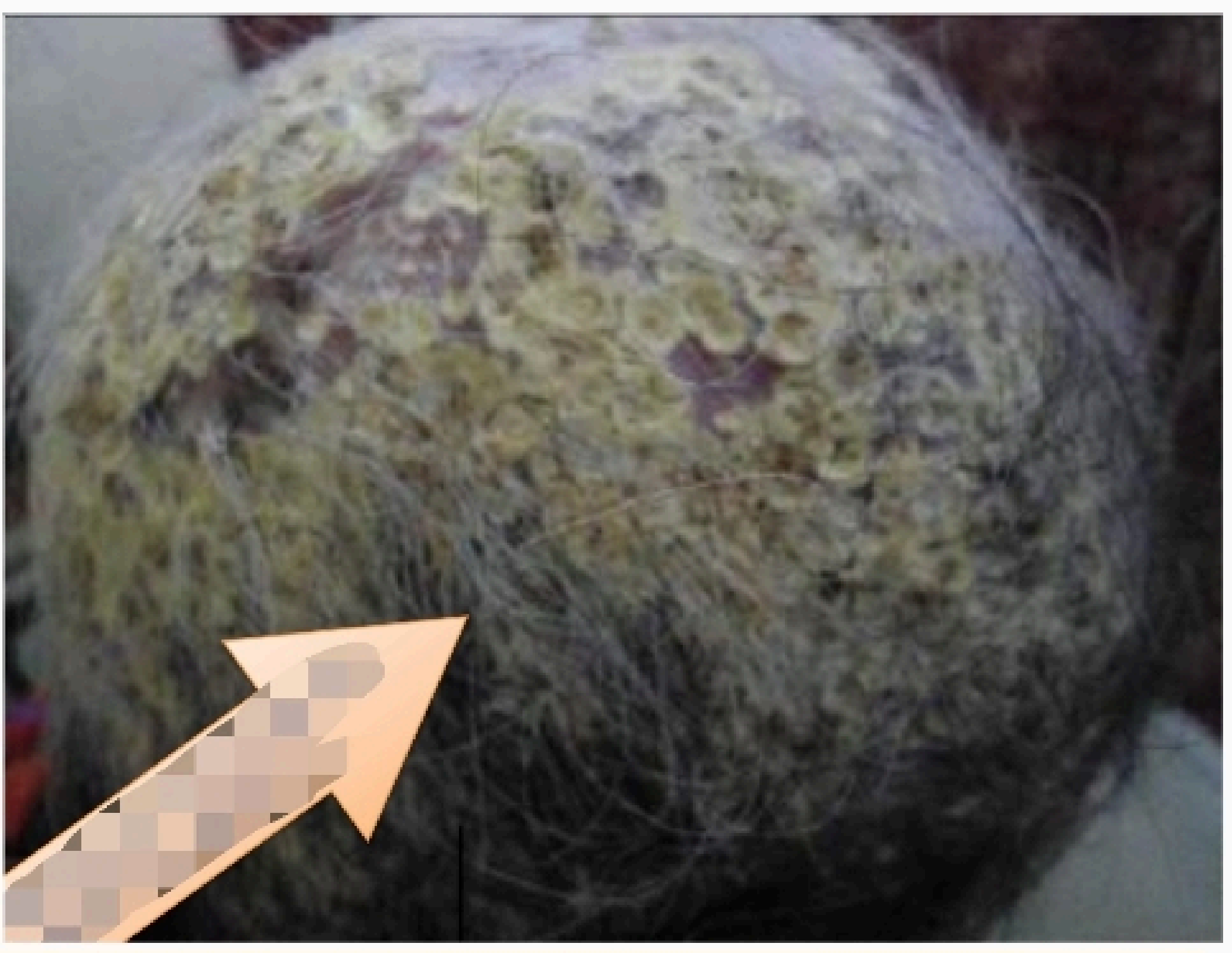
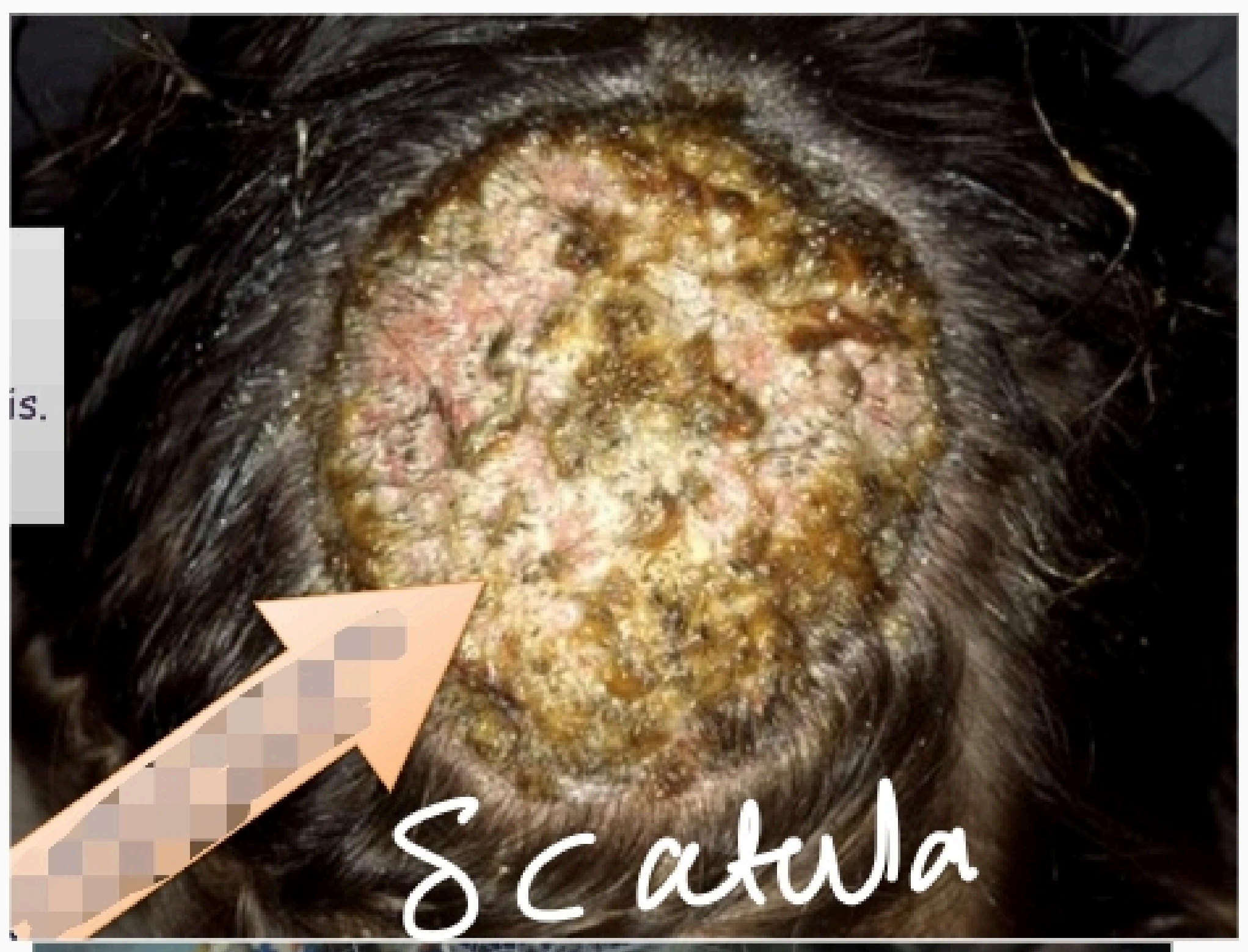


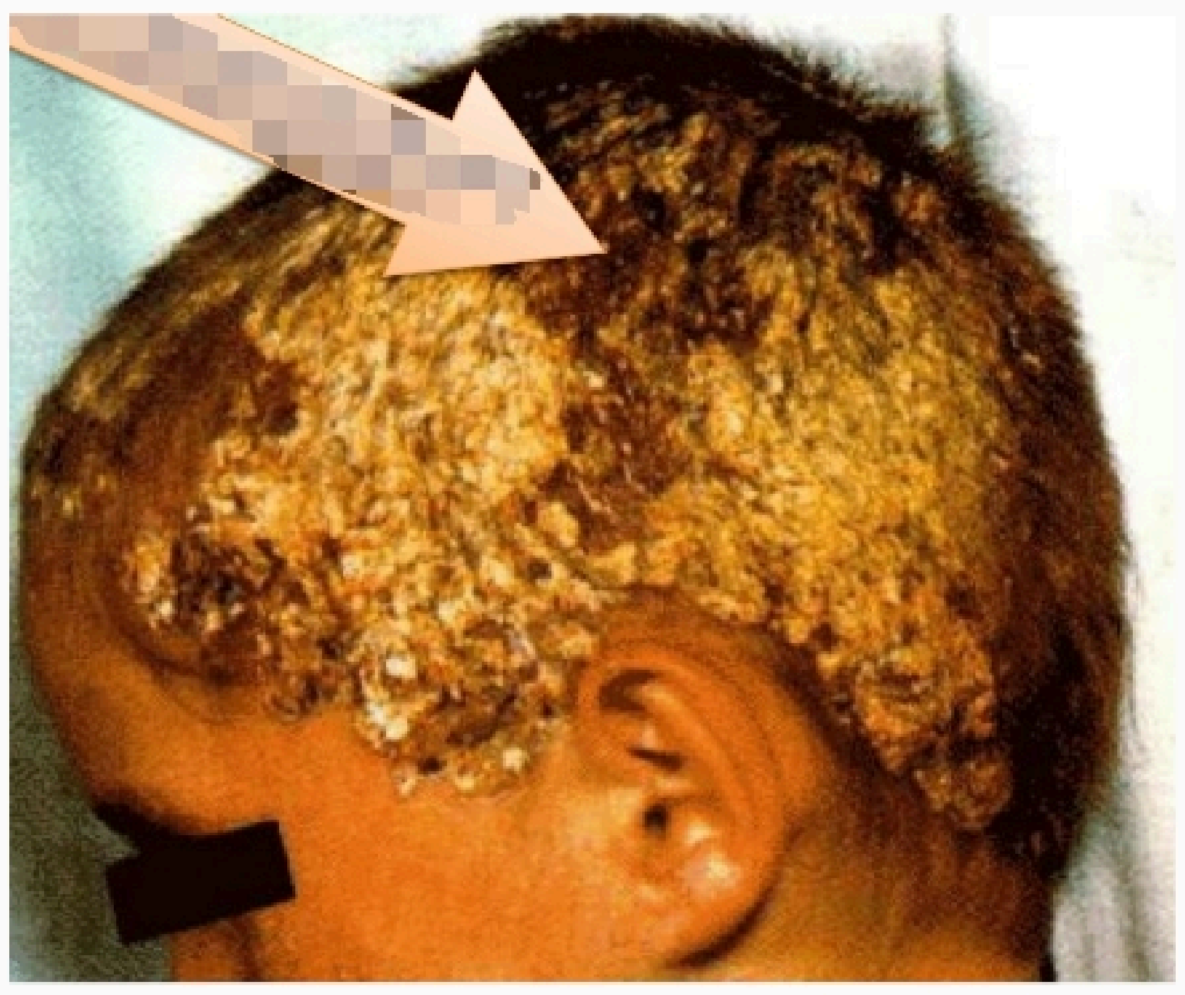
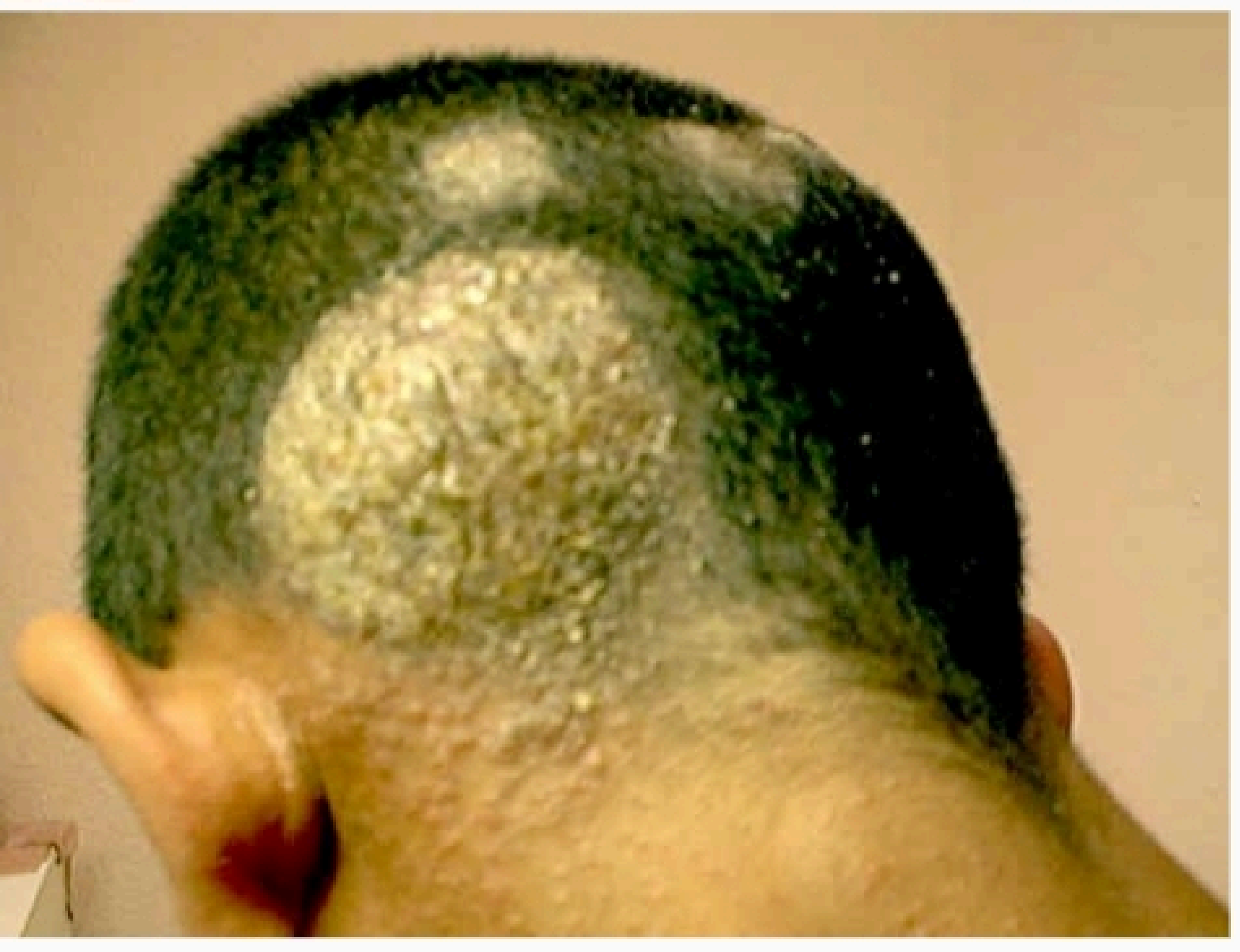
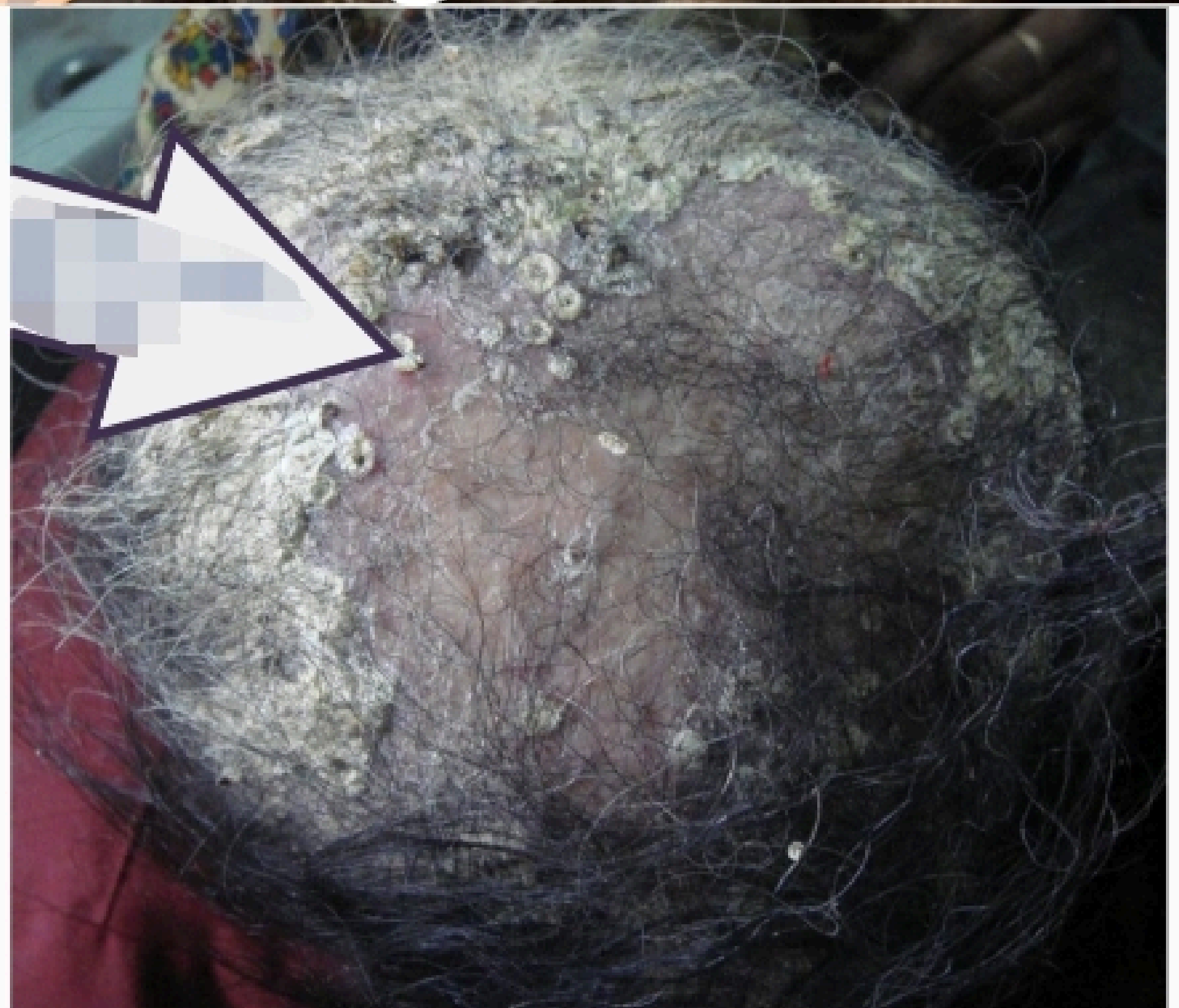
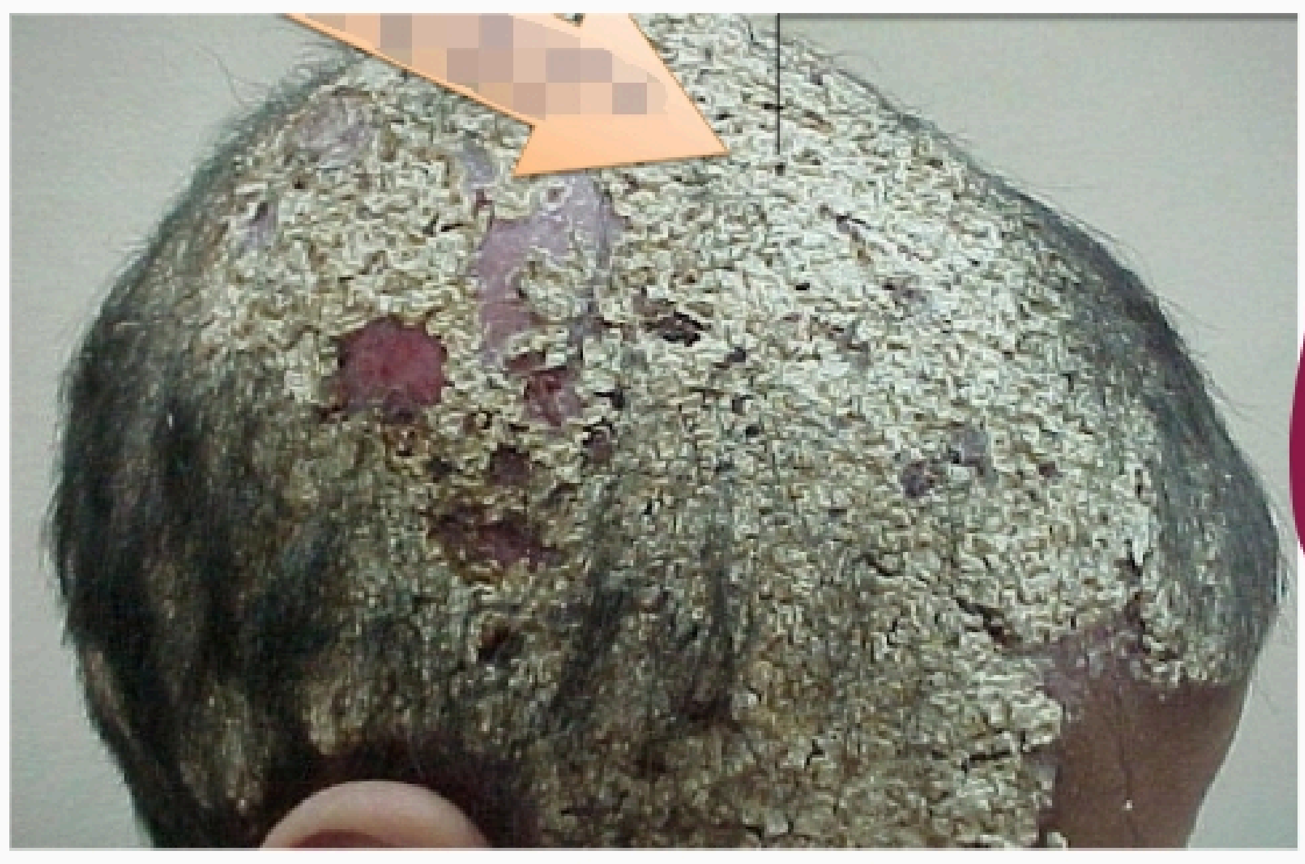







Non-inflammatory T. capitis

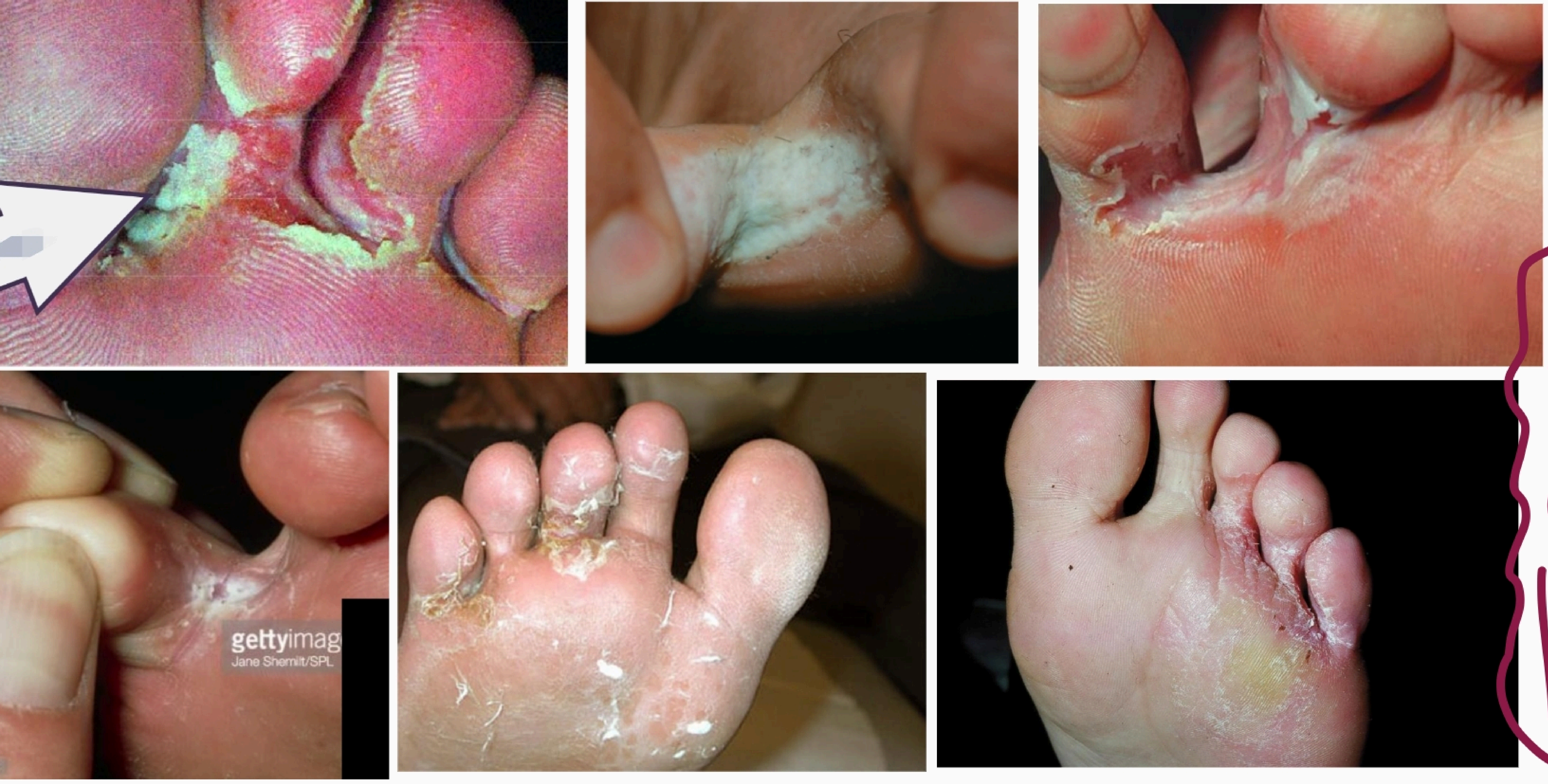






Kerion

Favus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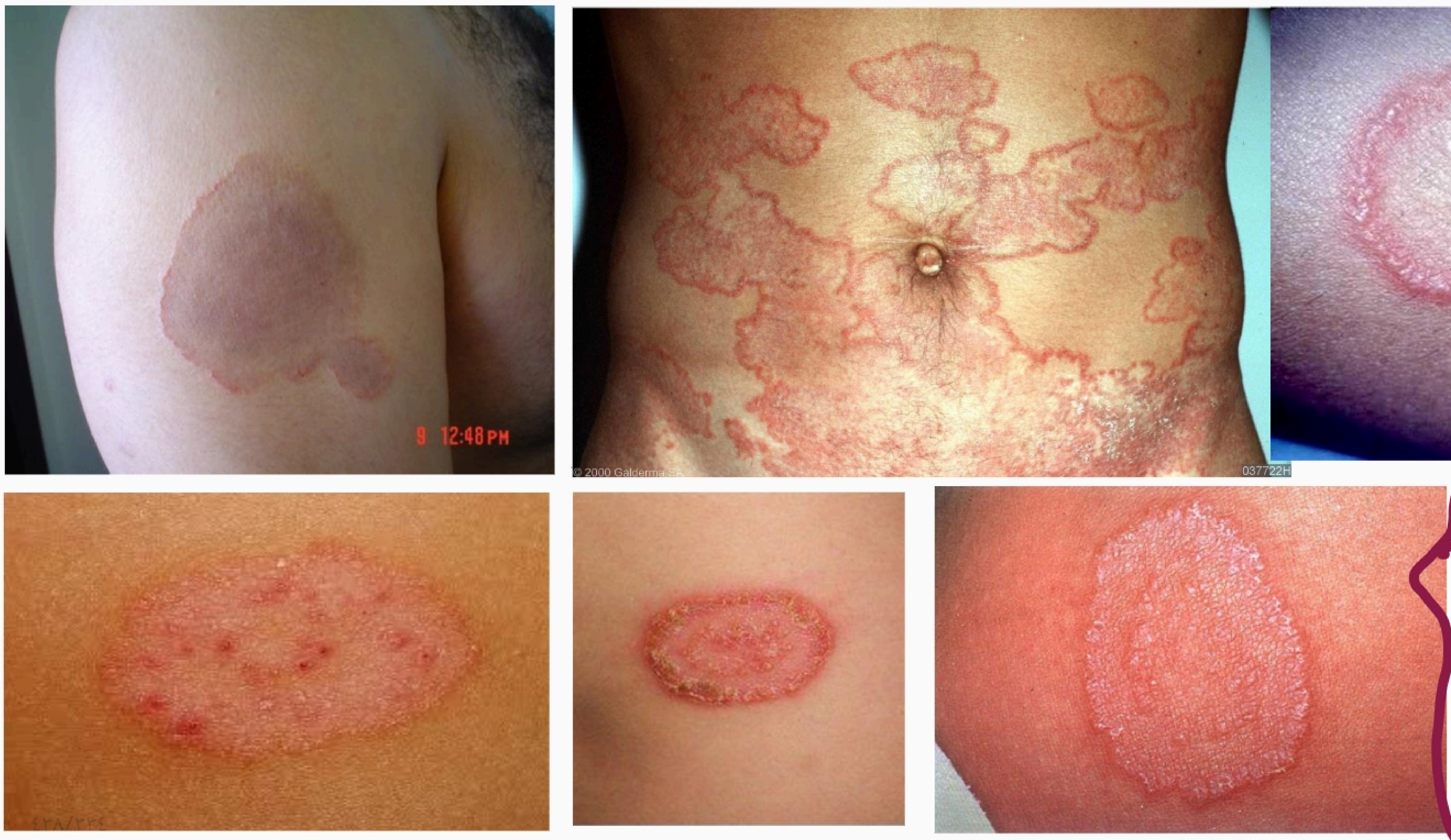
Jane Shemilt/SPL

T. Pedis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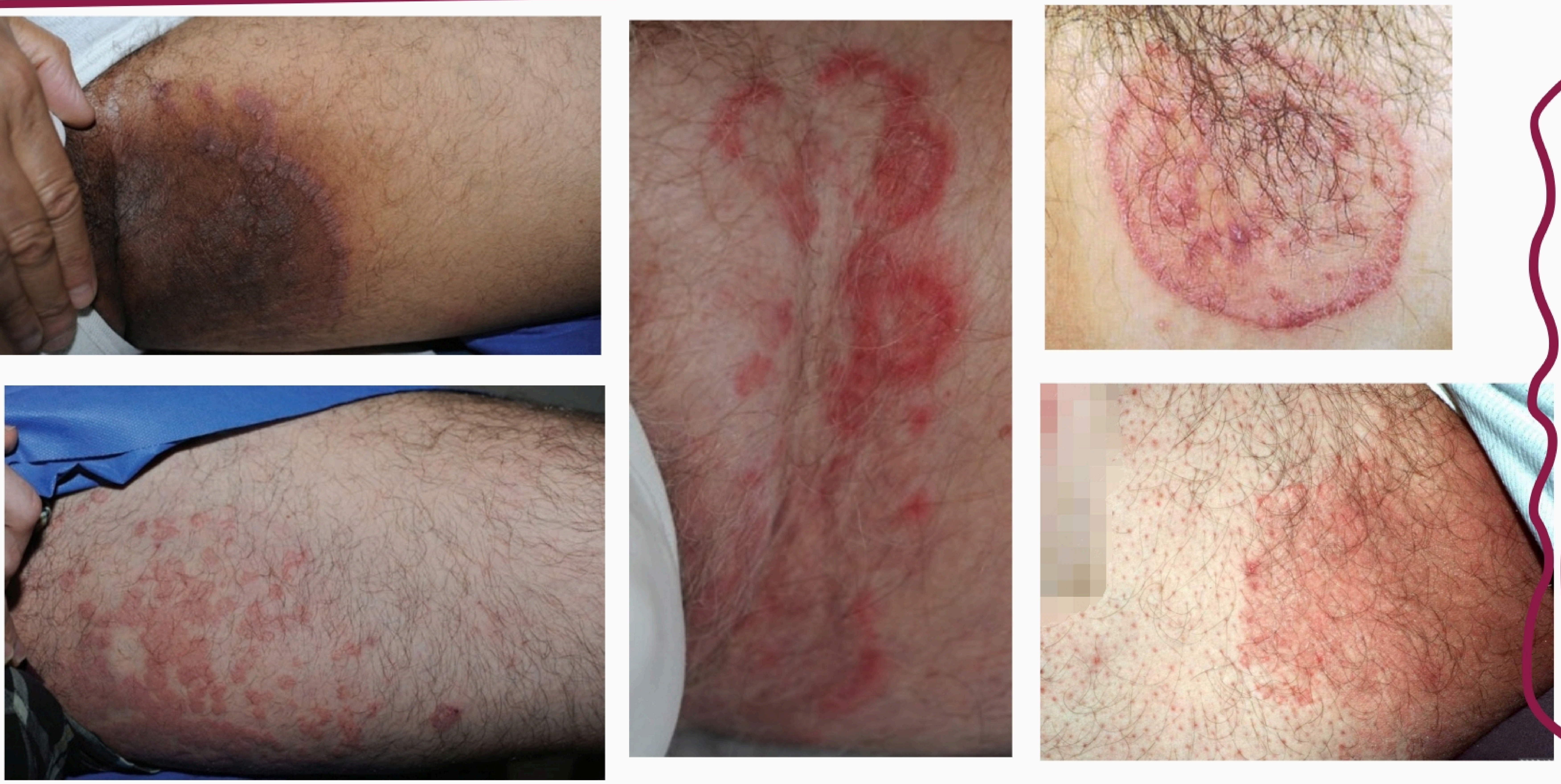
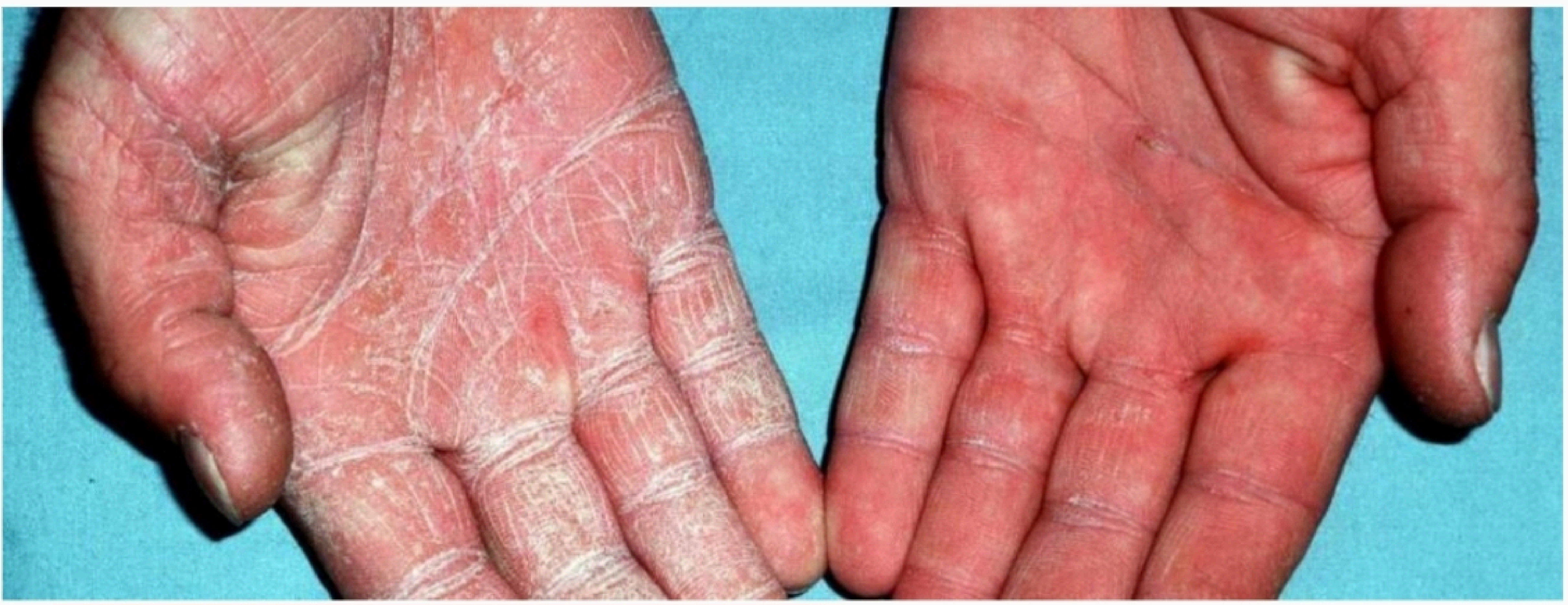
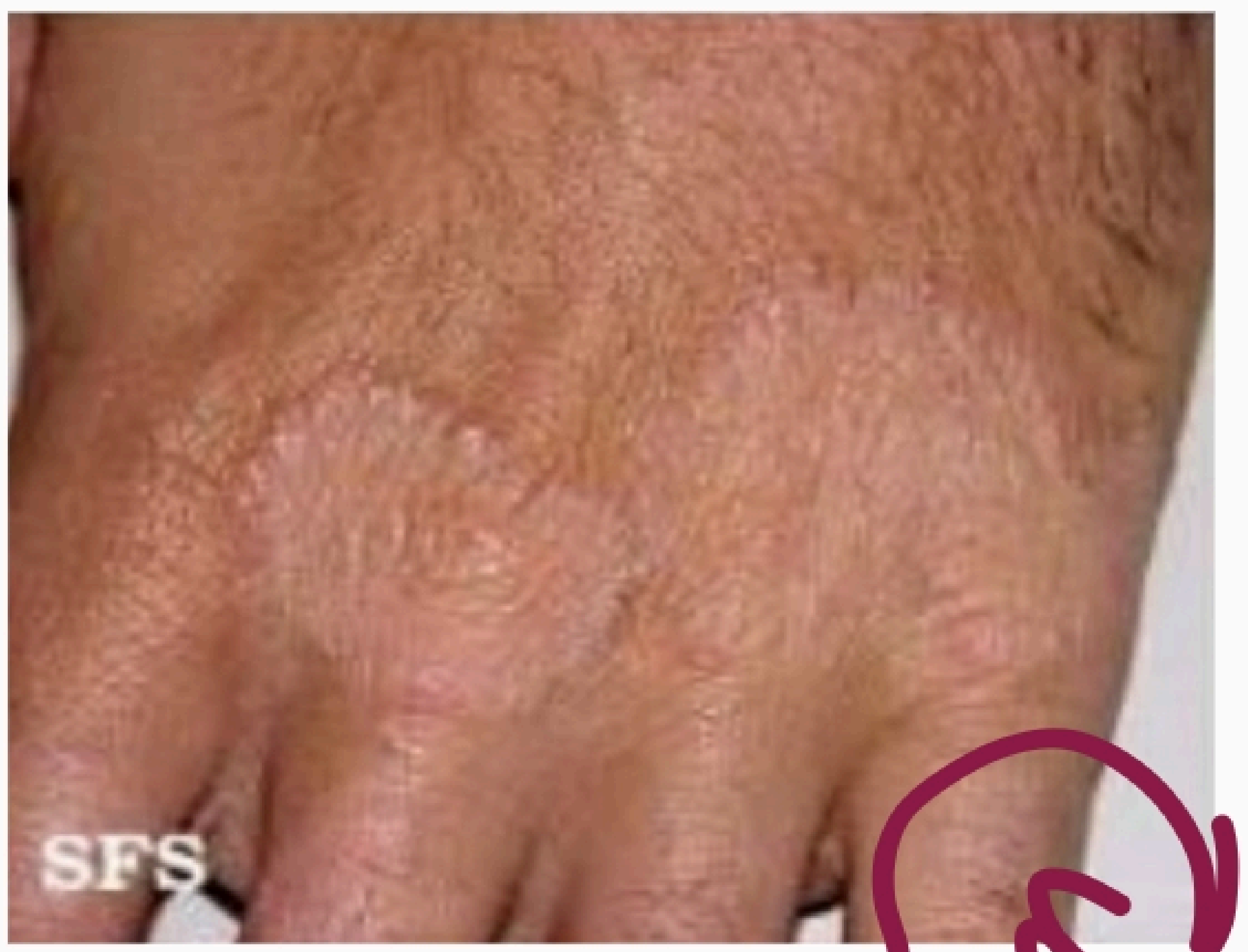
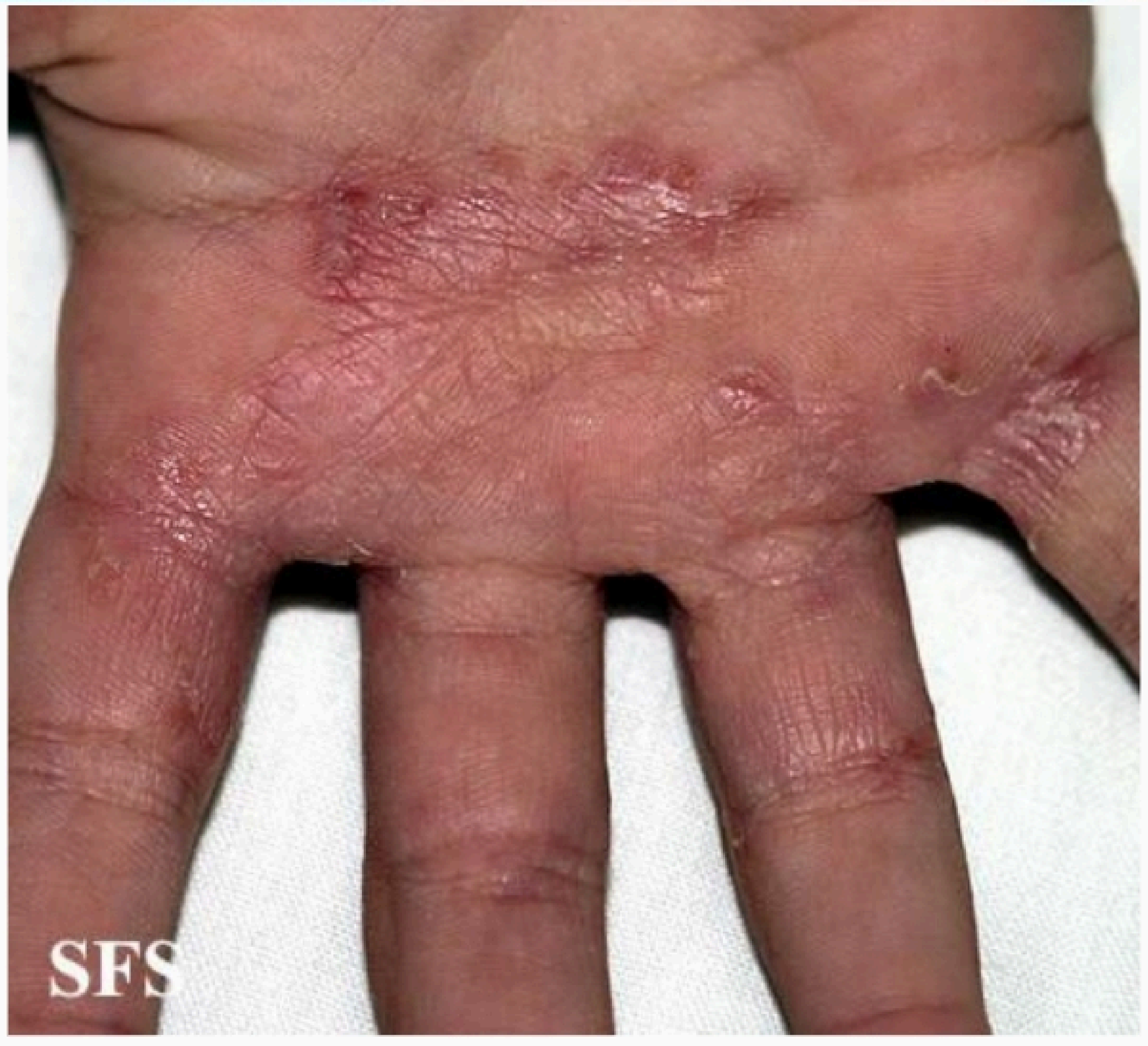
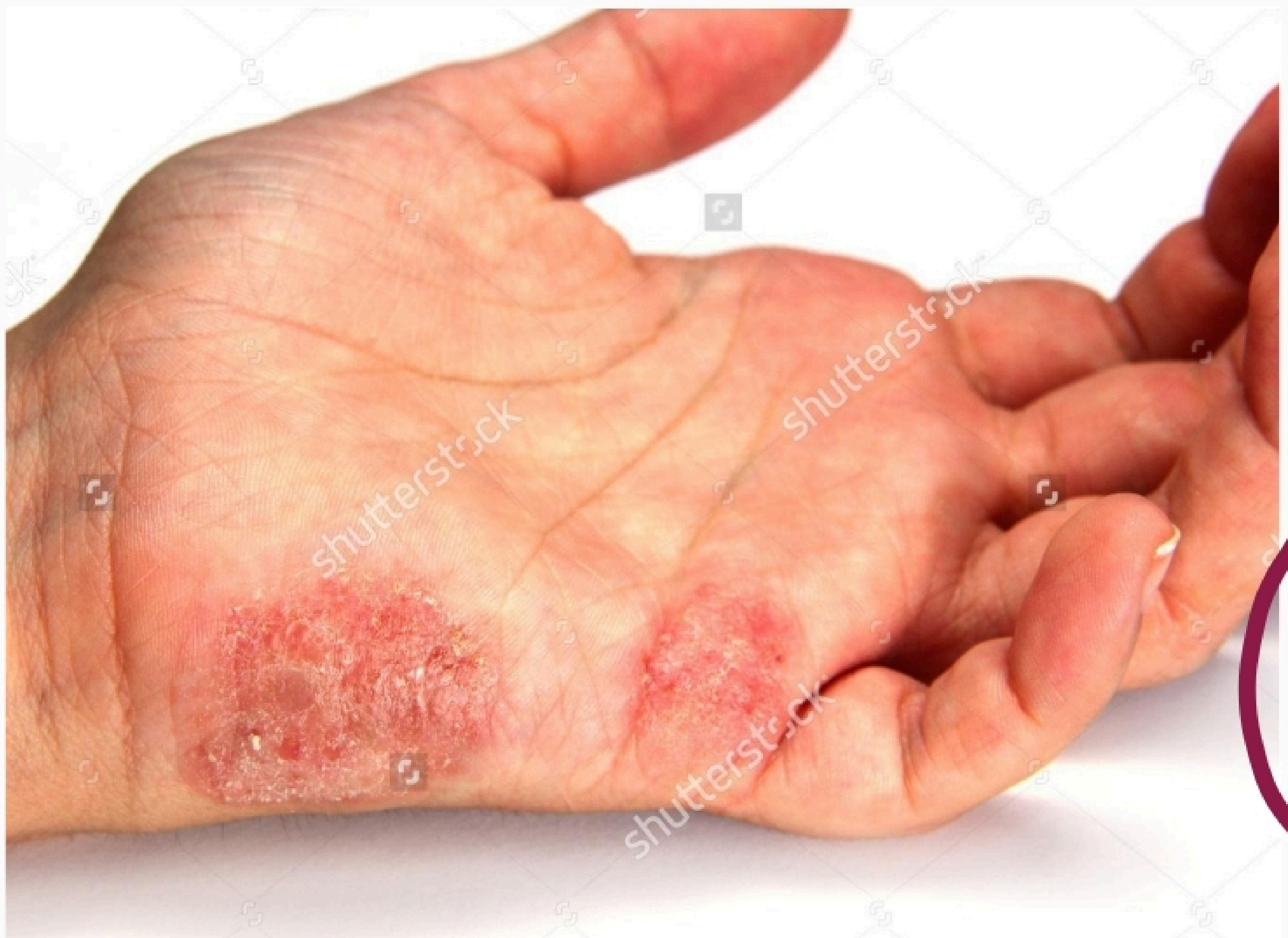
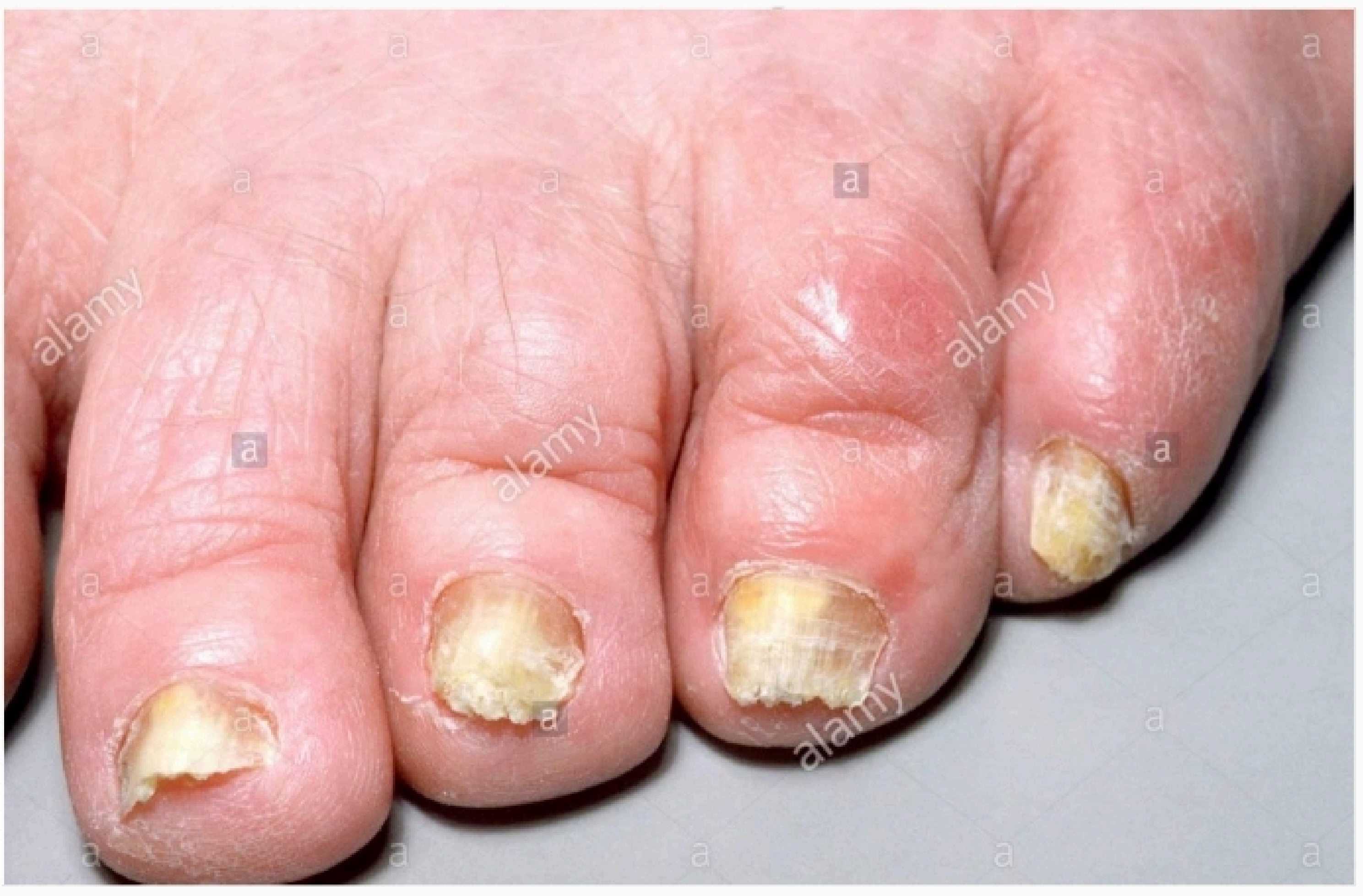
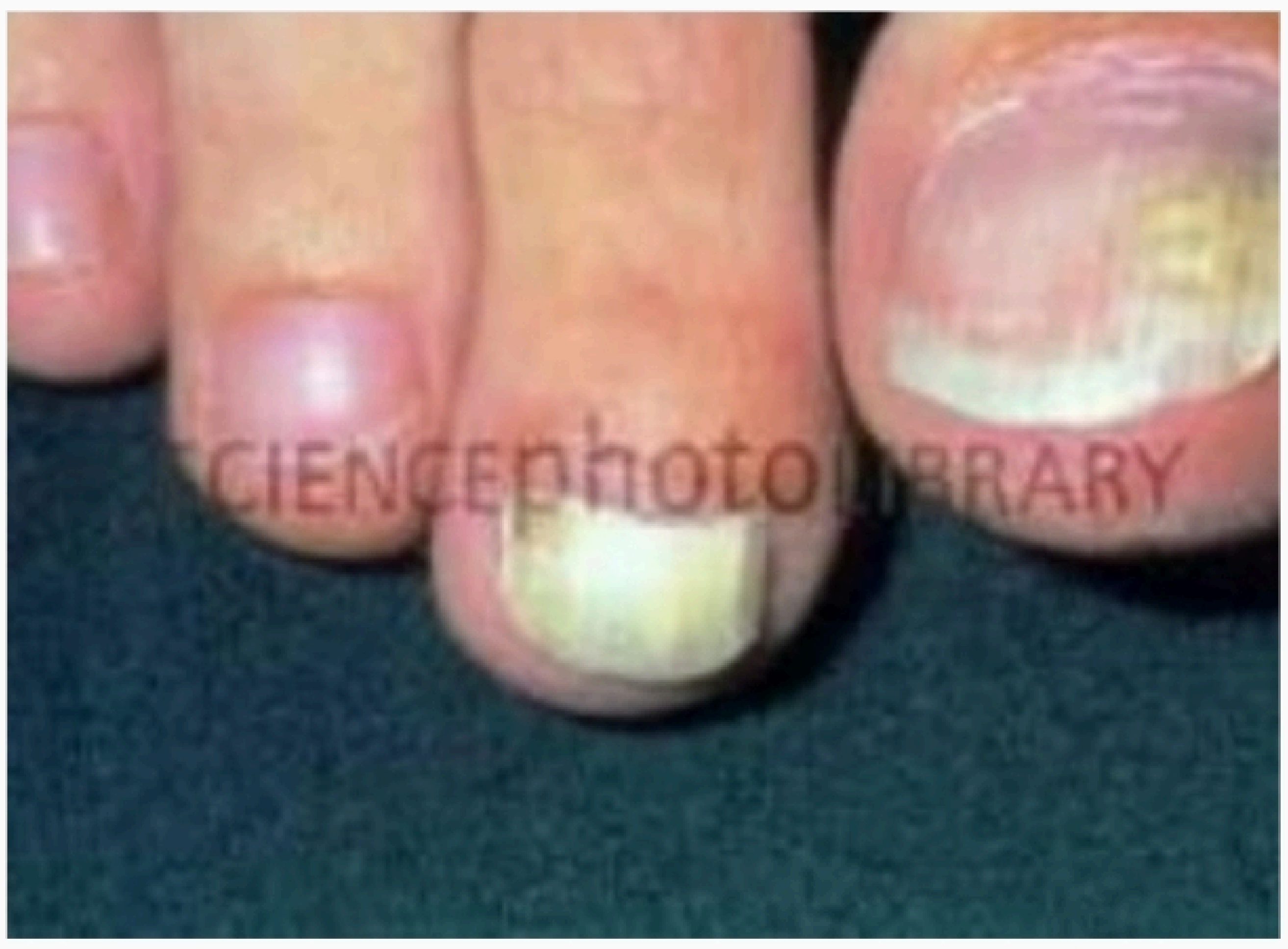
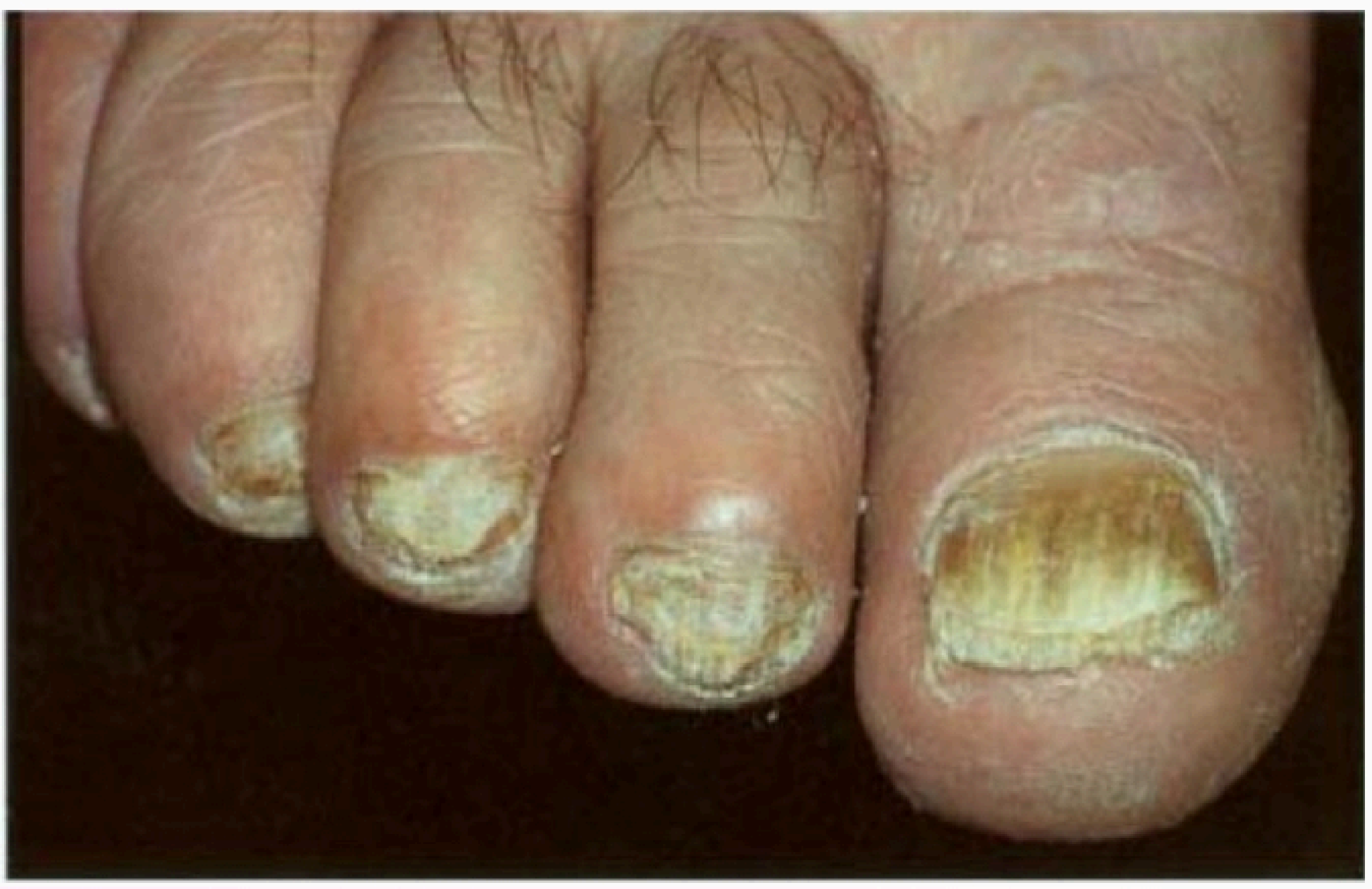
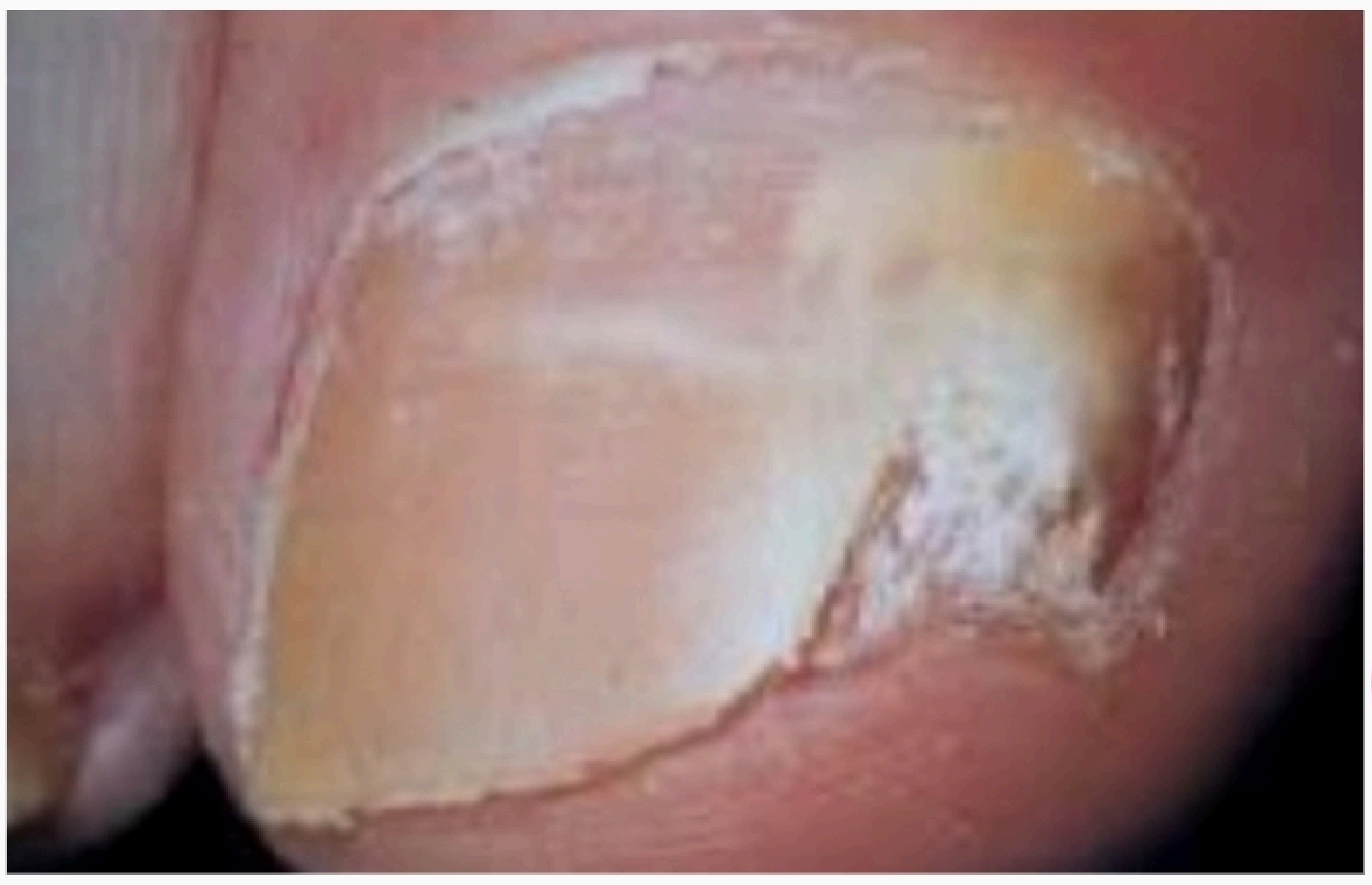
T. Corporis



T. Croris

T. Manuum

T. Unguium

Notes:- Woods lamb:- Is an Instrunment which uses U.V rays ē 365 nm wave length help in Dx of 4 disenses in Dermatolagy as follow

1-vetiligo:- milky white
2-P.versicolour:- G. yellow
2-Erythrasma:- Red
4-T.Capitus:- Green

For all Tineal infection except {T. Capitus, T. Ungium} we use for both of them Systemic Antifungal

- Treatment of Tinea:

1. Topical Anti-Fungal → ***Imadizoles Derivtices*** in form of Solution, Cream, Ointment. Ketoconazole, Miconazole, Econazole Used for→Tinea pedis, Cruris, Corporis, Mannum.

2. Systemic Anti-Fungal → ***Grisofulvin*** **20mg** \ kg \ Day for **6** Weeks "Given Orally with Fatty Meal; because it is ***Fat Soluble Drug***, Used for→ Tinea Capitis & Ungium.

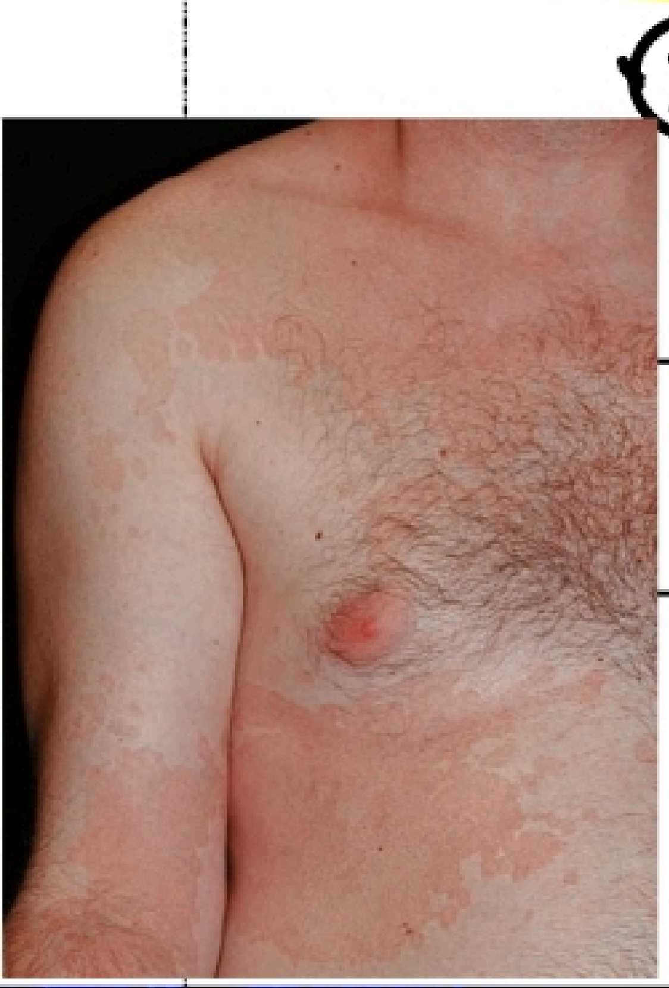
→ Terpenafine

S\E of Grisofulvin: GIT Upset, Hepato-toxicity, Headache, Increase risk of SLE, ***No Effect against Candidiasis.***

=> Yeast:-

①* Pityriasis Versicolor

مبرقش (متباين الالوان)



It is Superficial Cutaneous Fungal Infection Caused by ***Malassezia Furfur***.

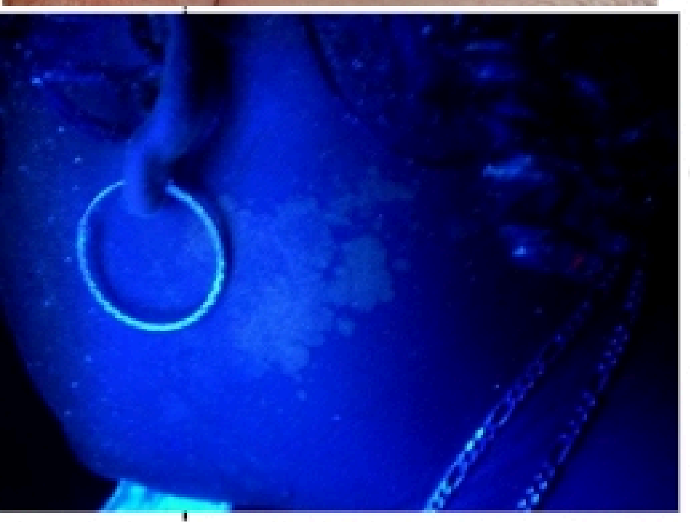
Clinical Picture: Non Tender, Unilateral or Bilateral, Single or Multiple, Hypopigmented or Hyperpigmented, Macules or Patches Covered with Fine Scale, Mild Itching.

غالبة ماقدرش أميزها ← لانها صغيرة جـ ٢

- Sites: Mainly around Scapula, Neck, Upper Shoulder, Chest, Back.

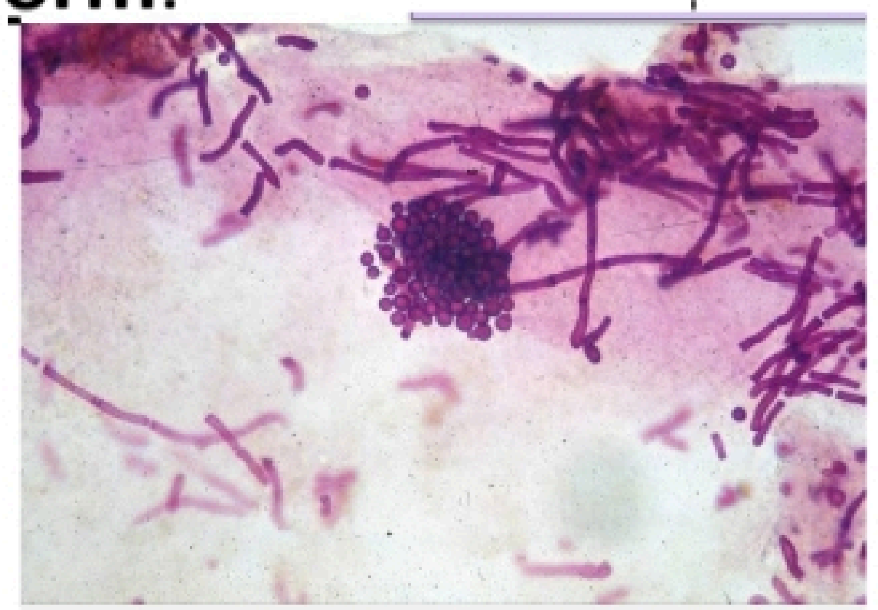
- Diagnosis:

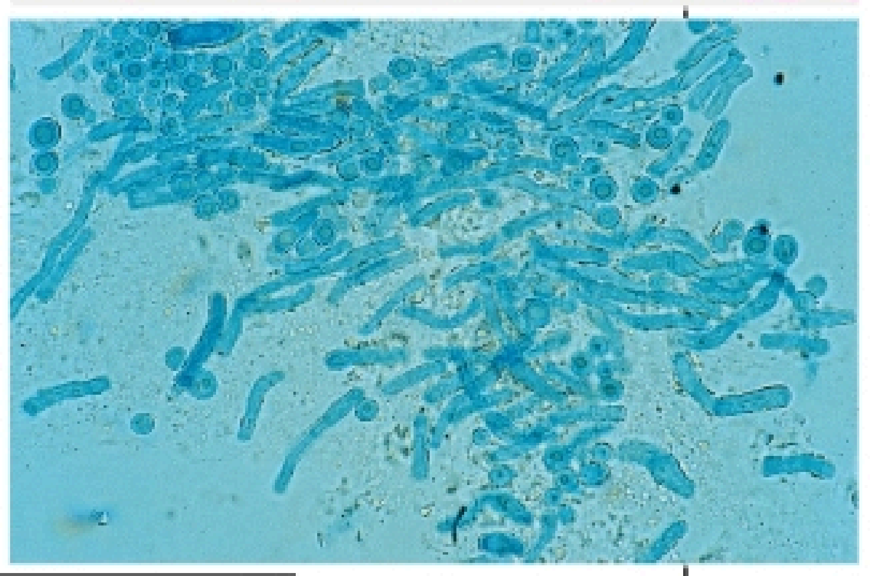
1. Microscopy with **KOH**→ Hyphea & Spores in appearance Called; **Spaghetti meat form**.



2. Woods Lamp → **Golden Yellow**.

في الرقبة "الذهب"





- Treatment of Pityriasis Versicolor:

1. Systemic Itrakonazole **100mg (OR Broad Spectrum Anti-Fungal → Fluconazol).**

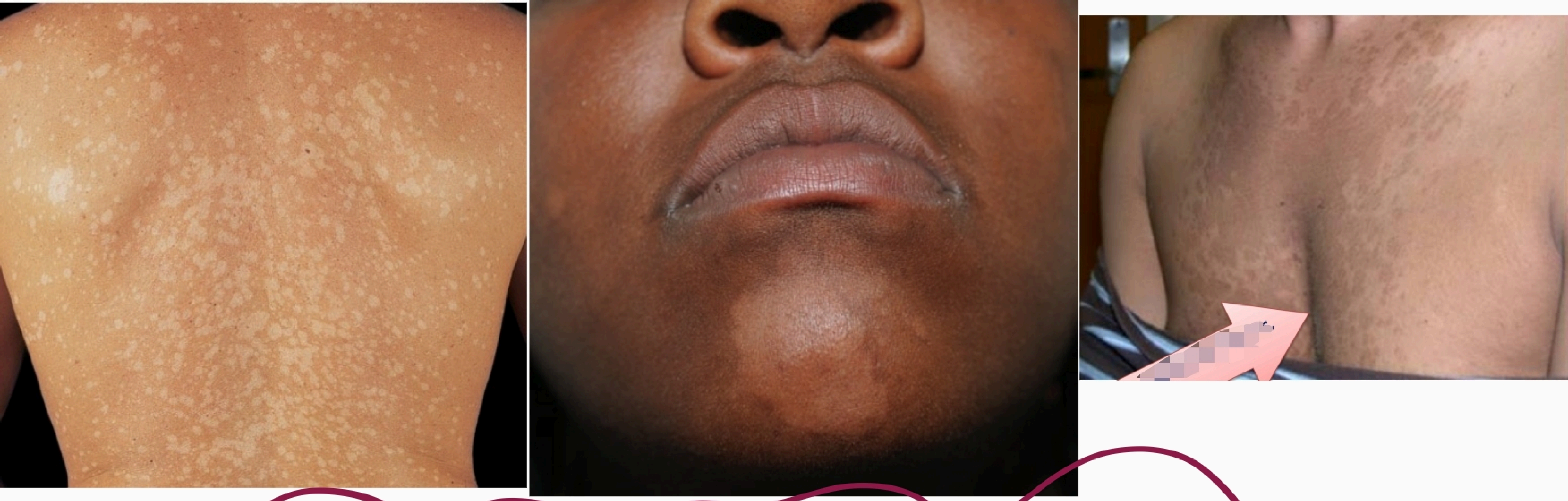
2. Nizoral Shampoo as Prophylactic Treatment.

3. **S**elenium **S**ulfate **S**hampoo **2%** (**SSS**).

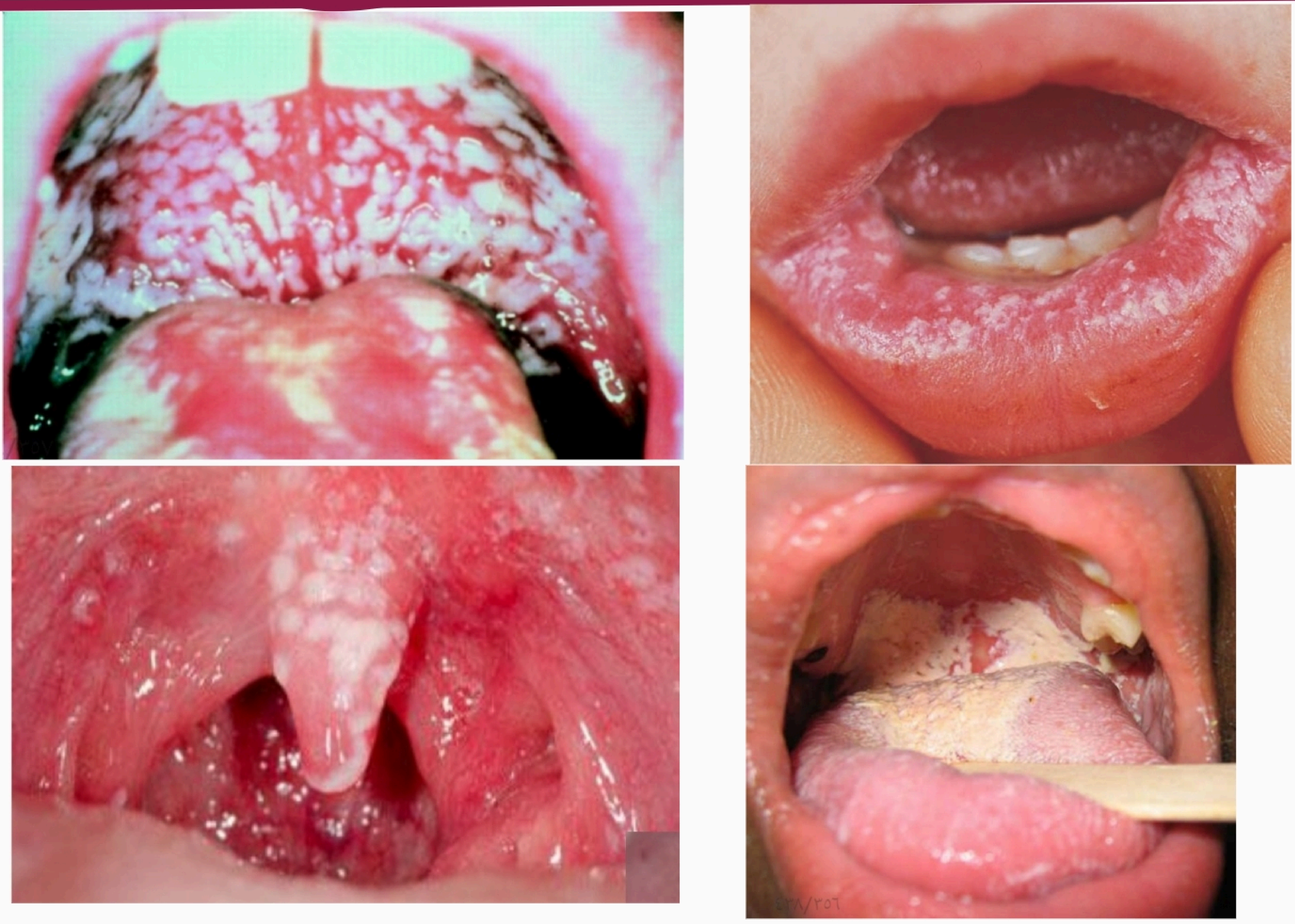
4. Salicylic acid **2.5%**.

②* Candida

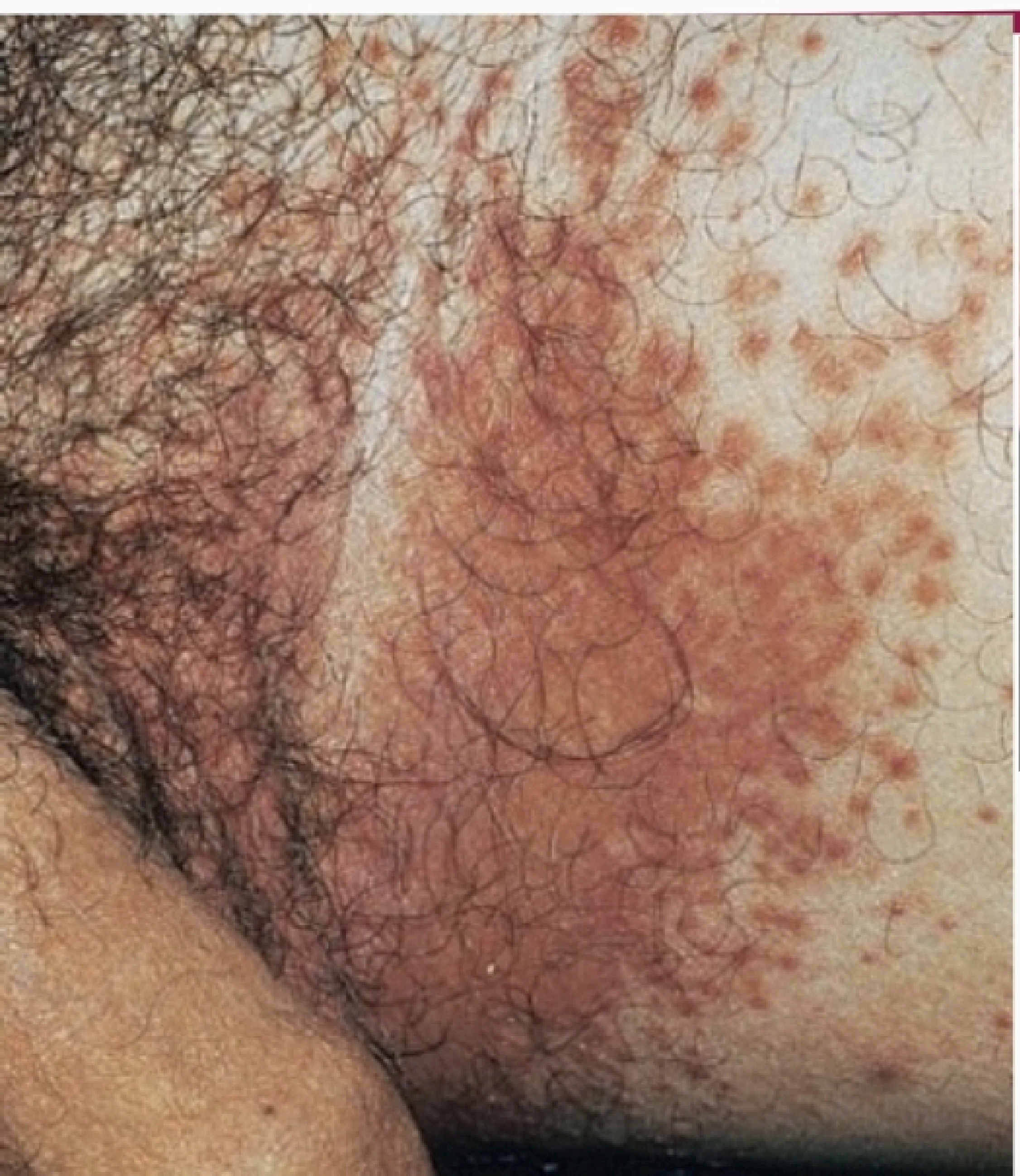
Definition	Candida Albicans is Normal Flora of **GIT**, **Mouth**, and **Peri-anal Skin**.
Predisposing Factors	DM, Patient with Low Immunity Obesity, Warm Moist areas.
Clinical Picture	***Satellite*** Distribution Lesion, Other according to the Type.
Types Candida	**Oral Trush:** White Membrane on Mucous Membrane, affect Chidren. **Intertrigon:** Etythematous Patch in Satellite Disrtibutions Present in Skin folds as; Axilla, Under Breast, Groin, Between Toes, affect Old age. **Genital Candidiasis:** It is Sexual Transmitted Disease **STD** affect Male & Female "**M=F**", (Female Complain from Vaginal Discharge + Itching). **Paronychia:** affect Nail fold Common in ***Diabetic*** Patients. • **Acute Paronychia:** it is ***Bacterial*** in **Origin.** • **Chronic Paronychia:** it is ***Fungal*** in **Origin.** **Systemic Candidiasis:** Common in **GIT** Problems, Dysphagia.
Treatment	**Nystatine (D.O.C),** Amphetracin **B** injection, (Ketoconazole also Used).

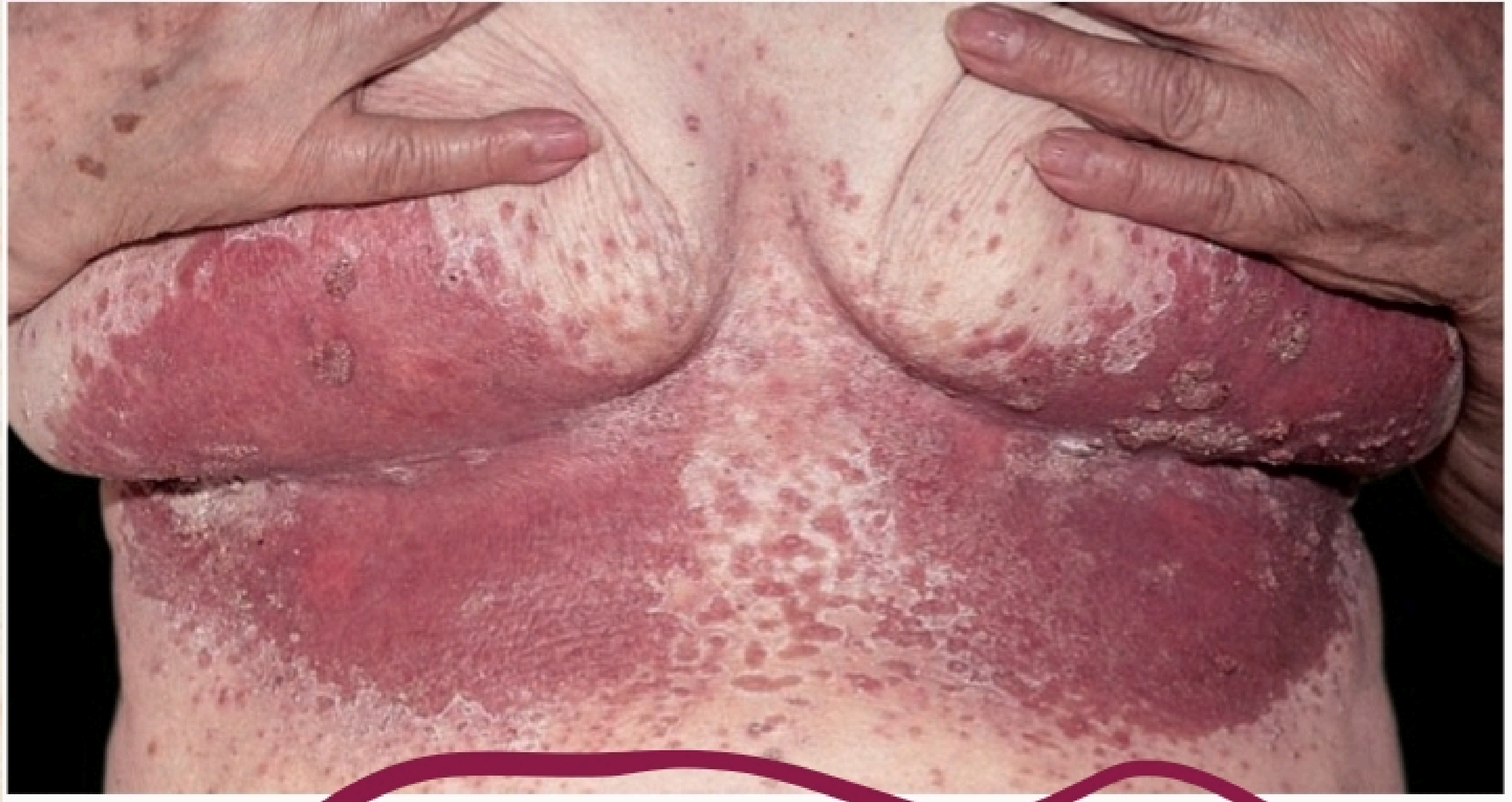


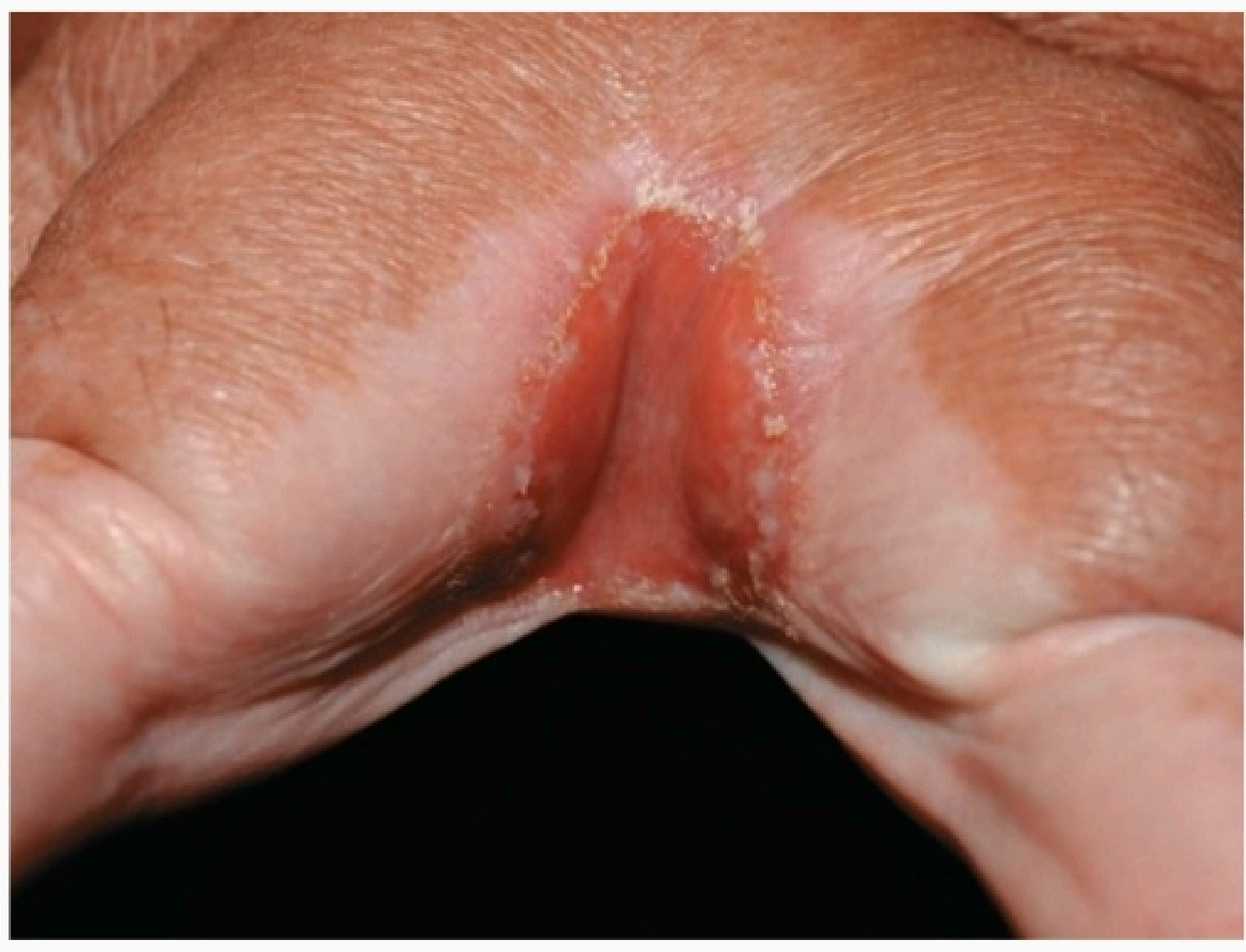
P. versicolor



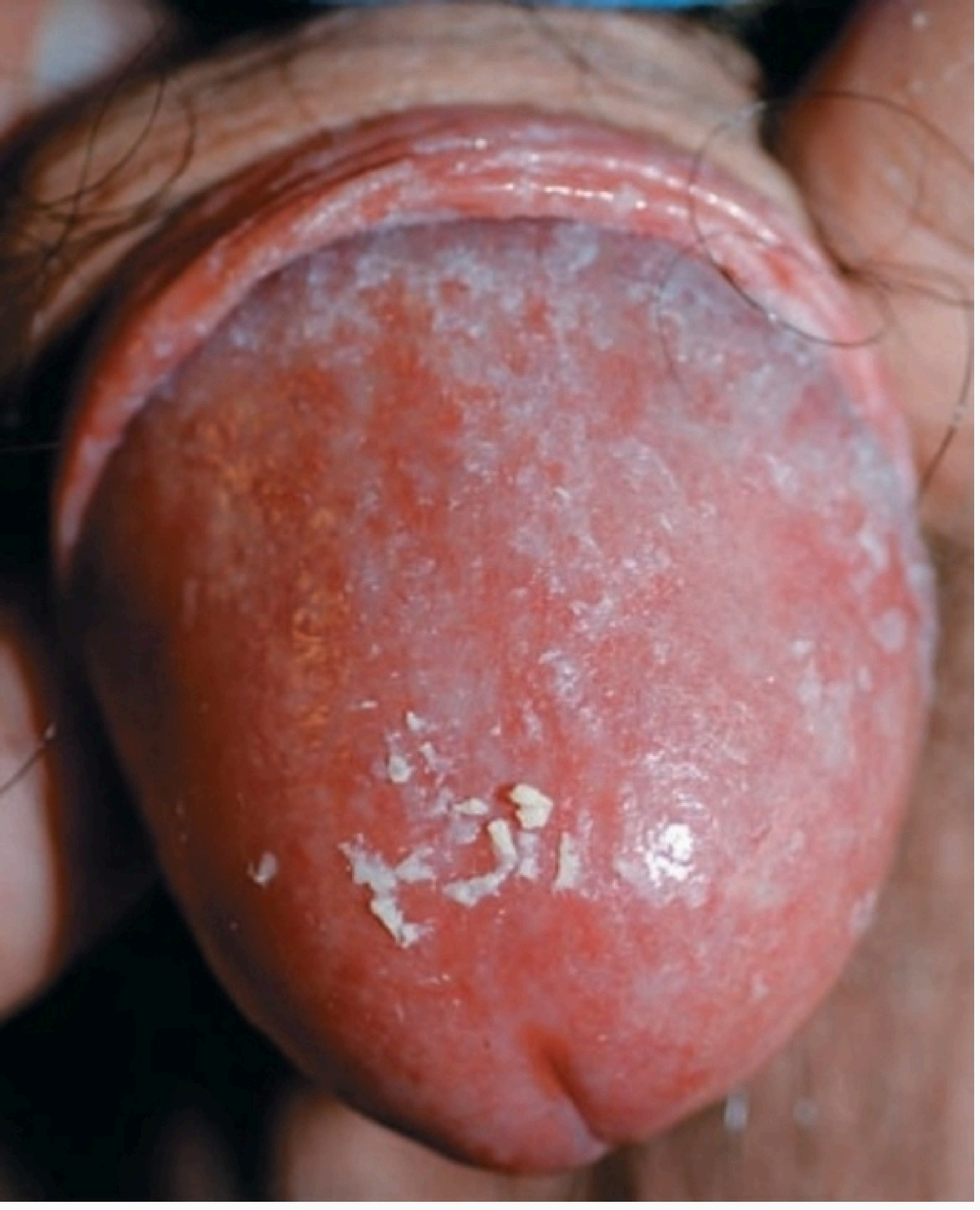
Oral Trush

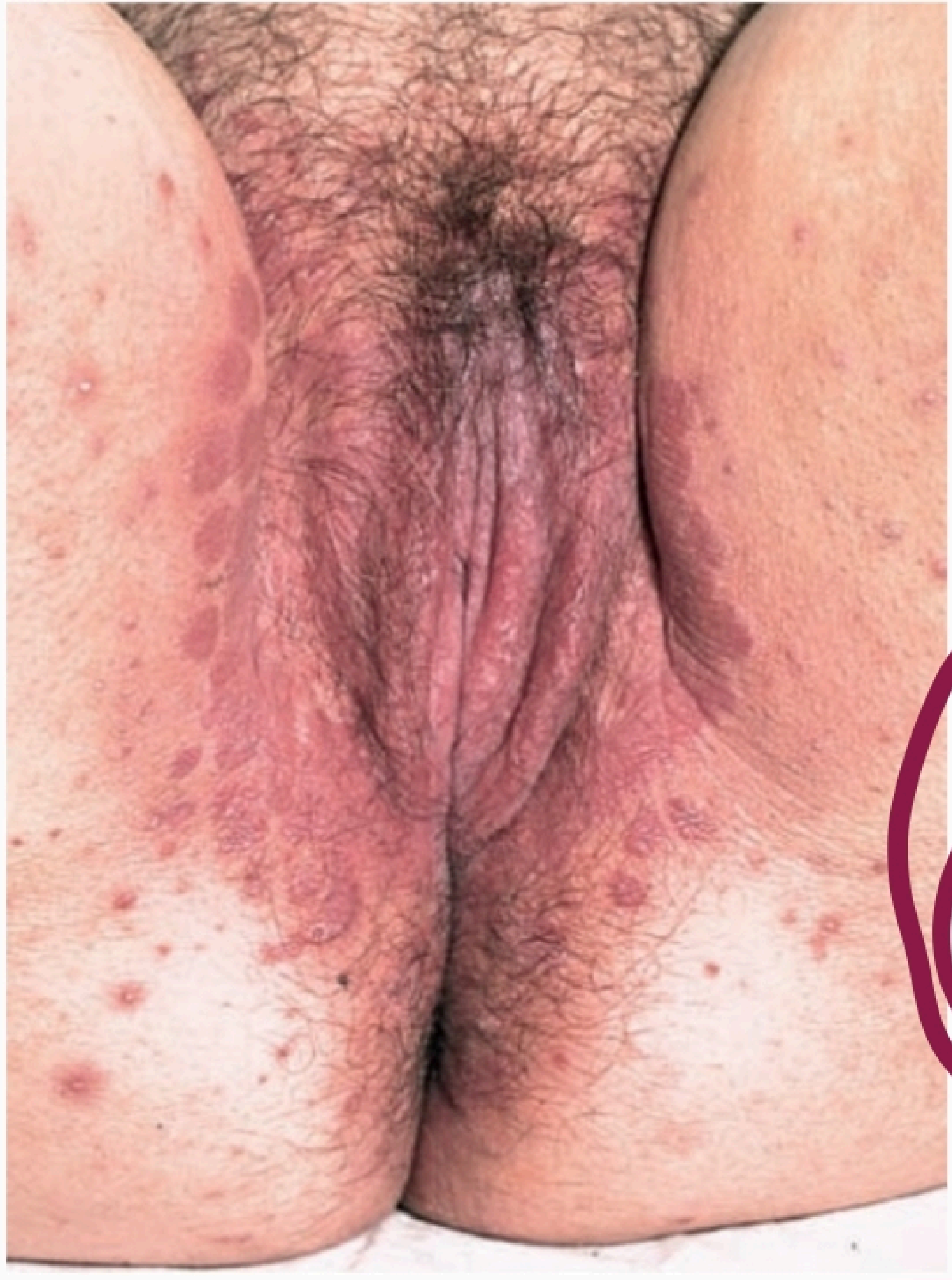




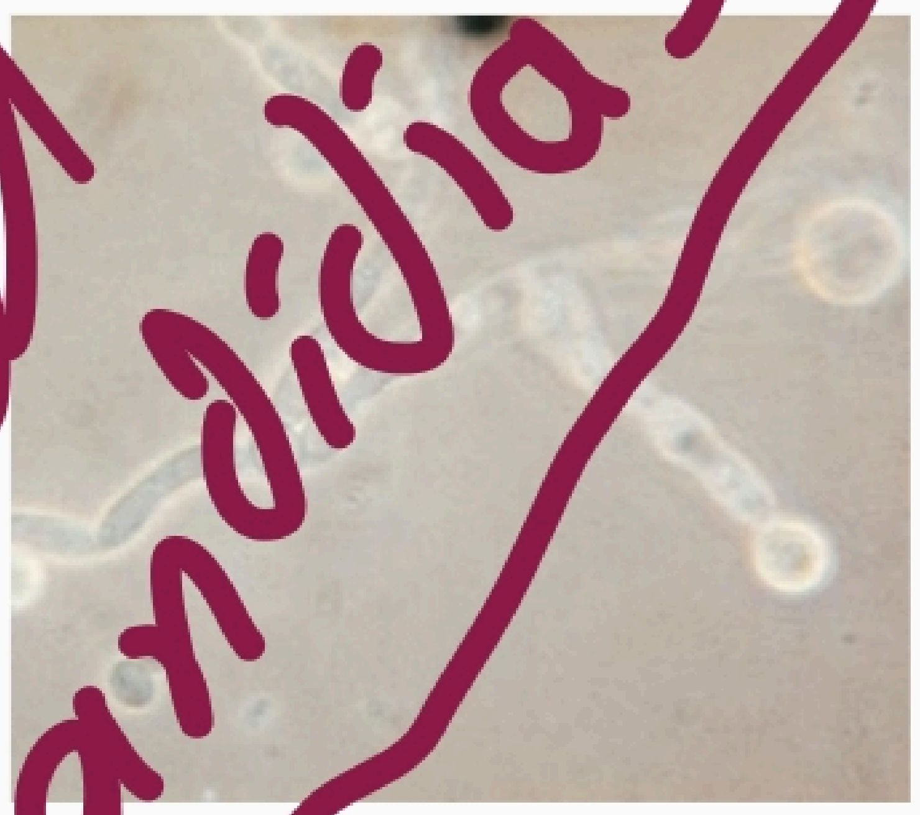


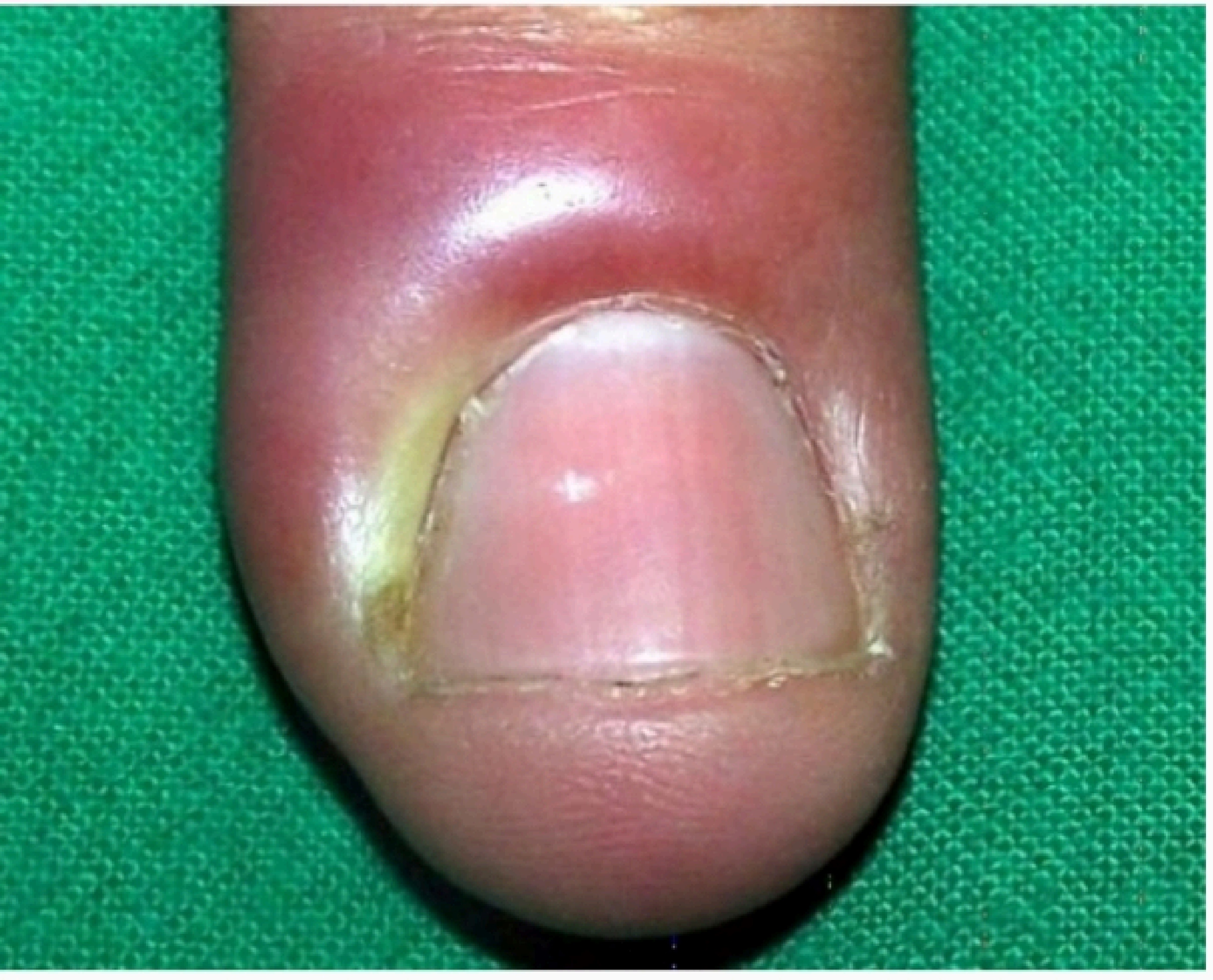
Intertrigon

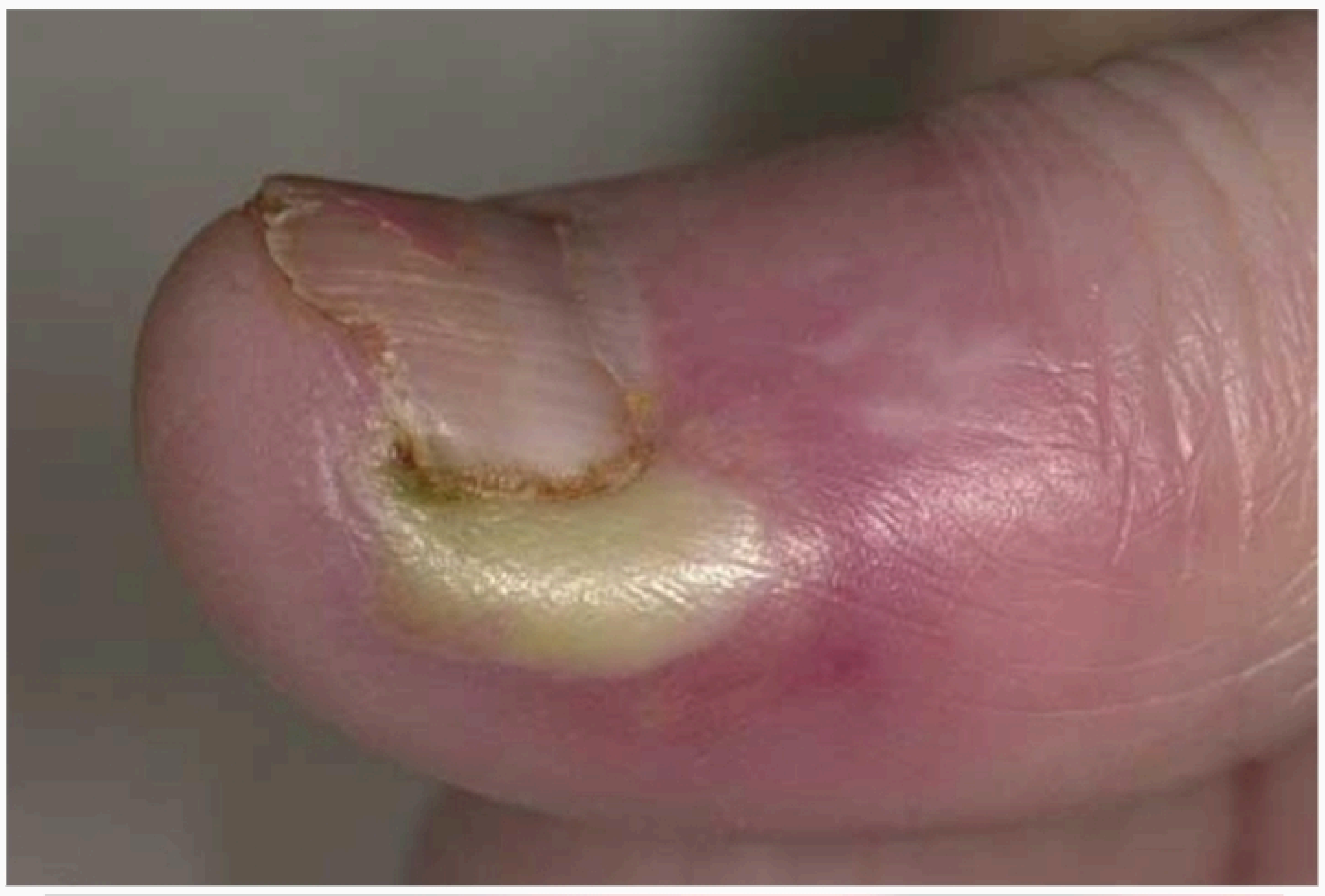


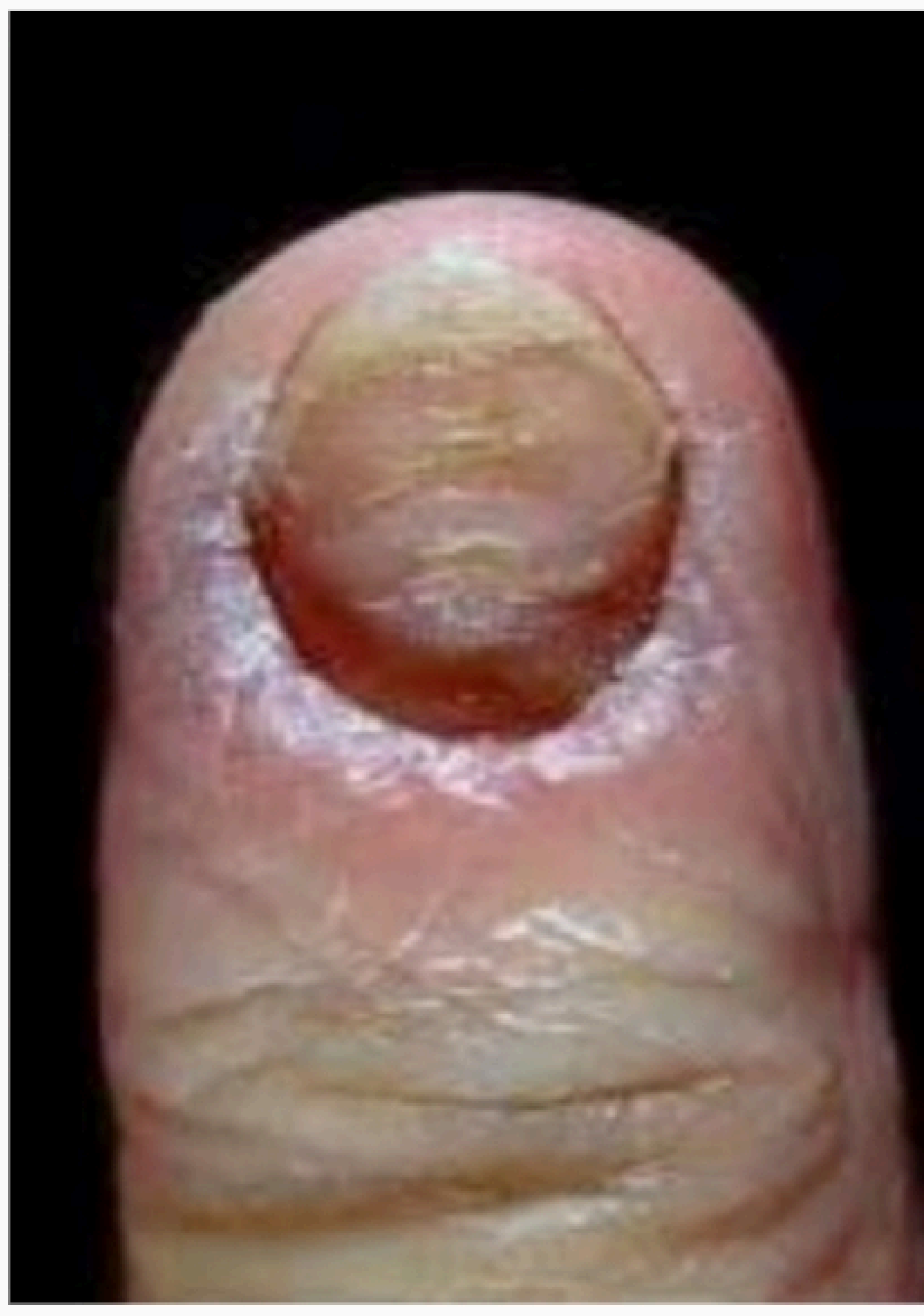


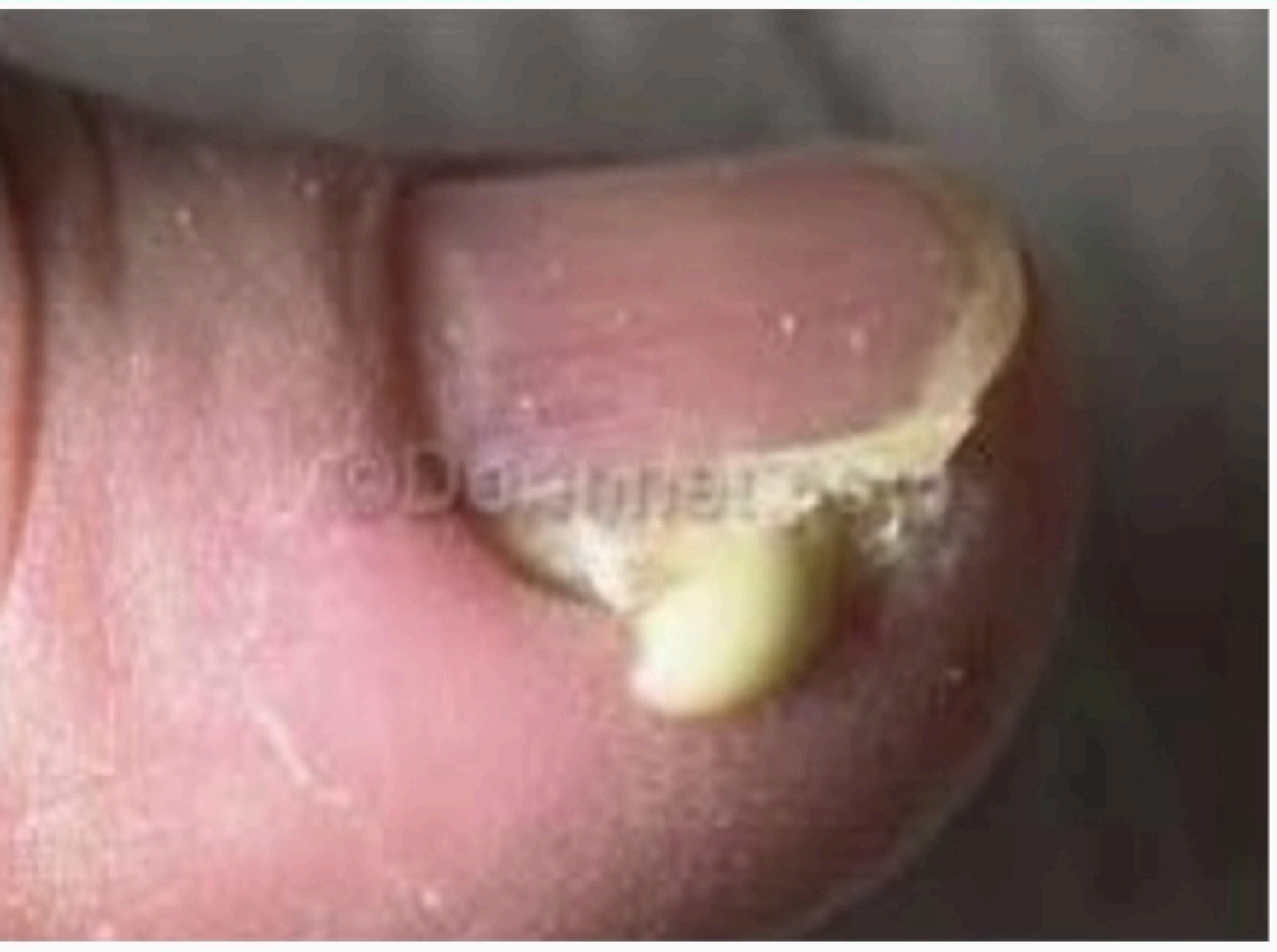
Genital Candidiasis

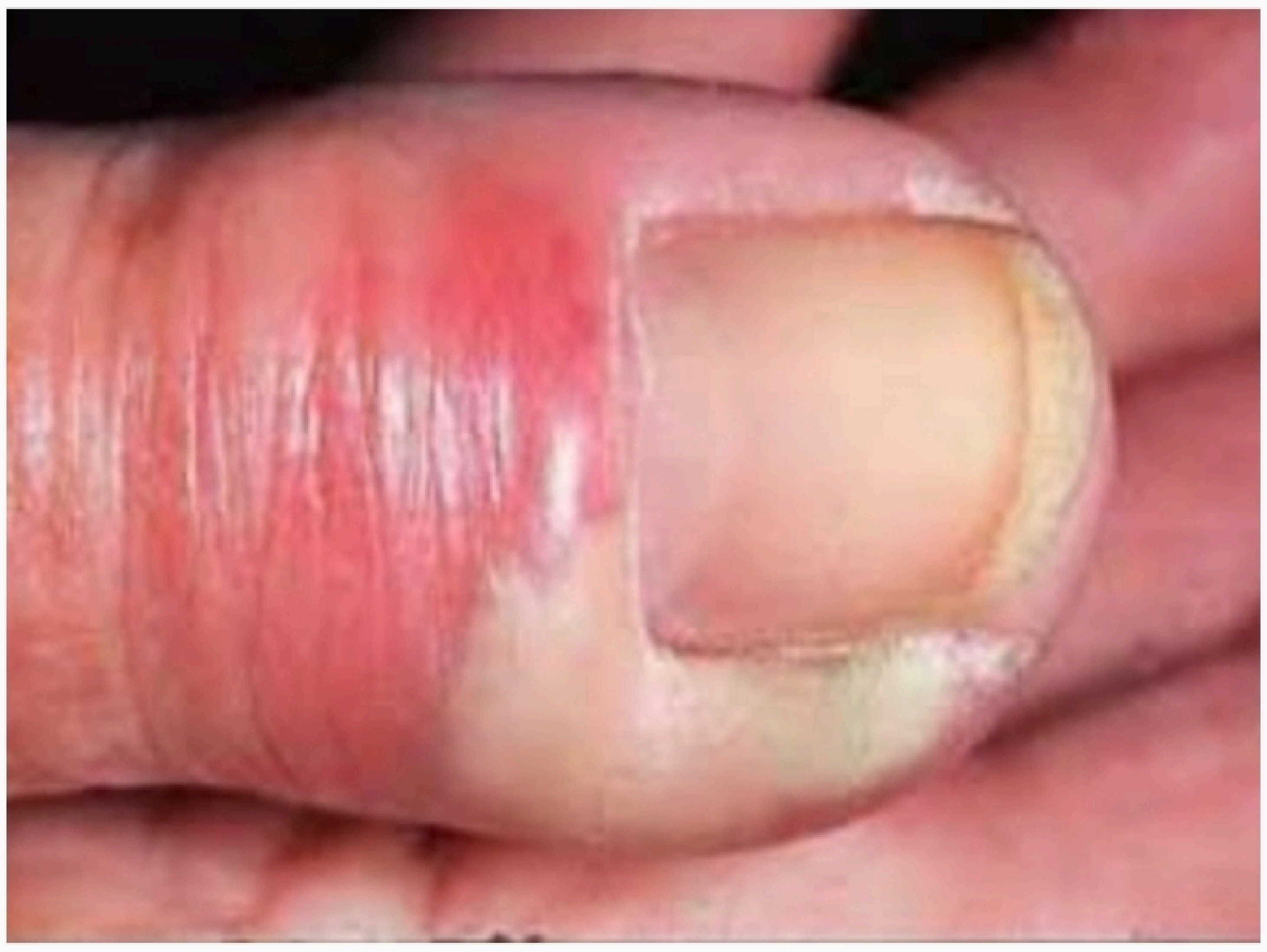




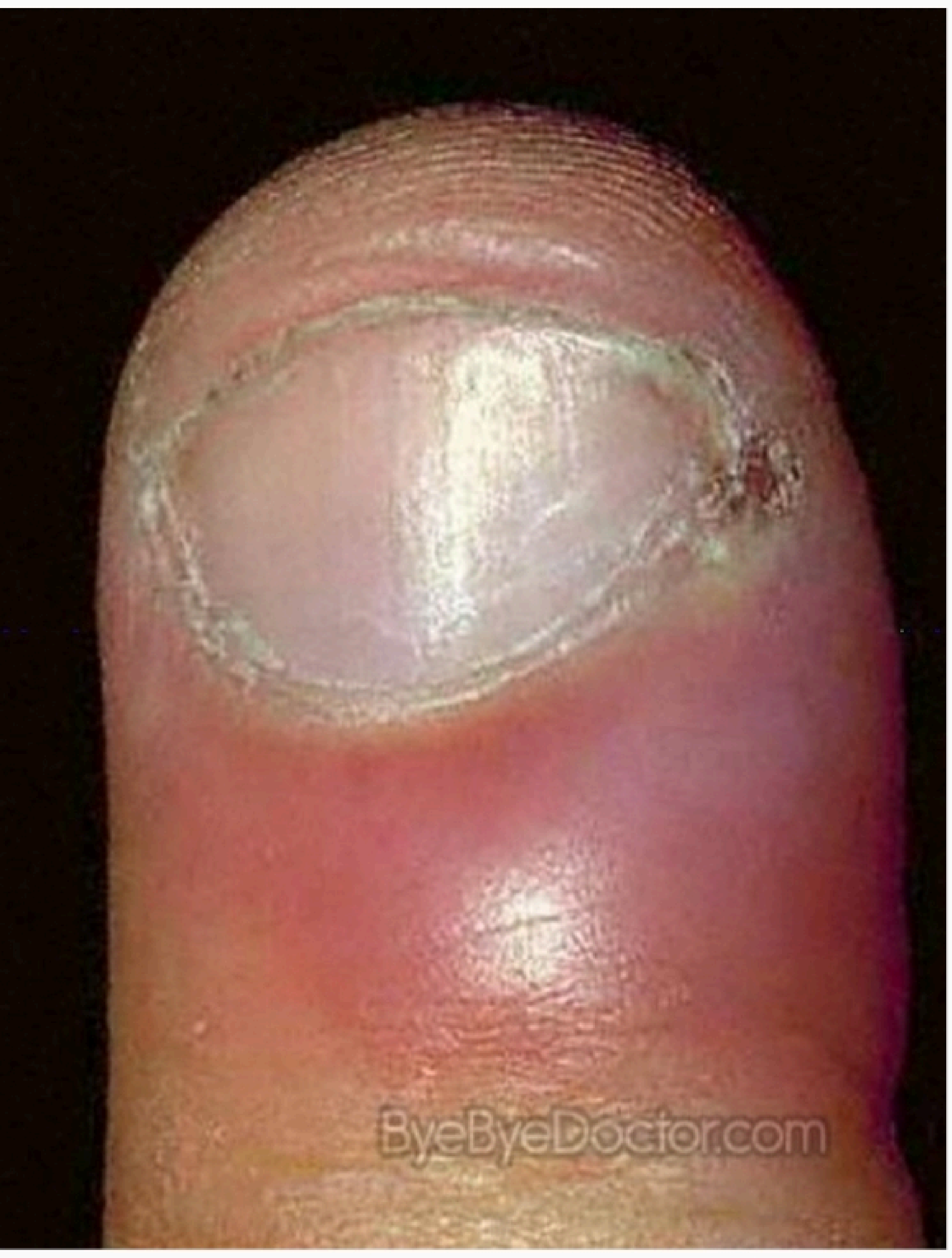


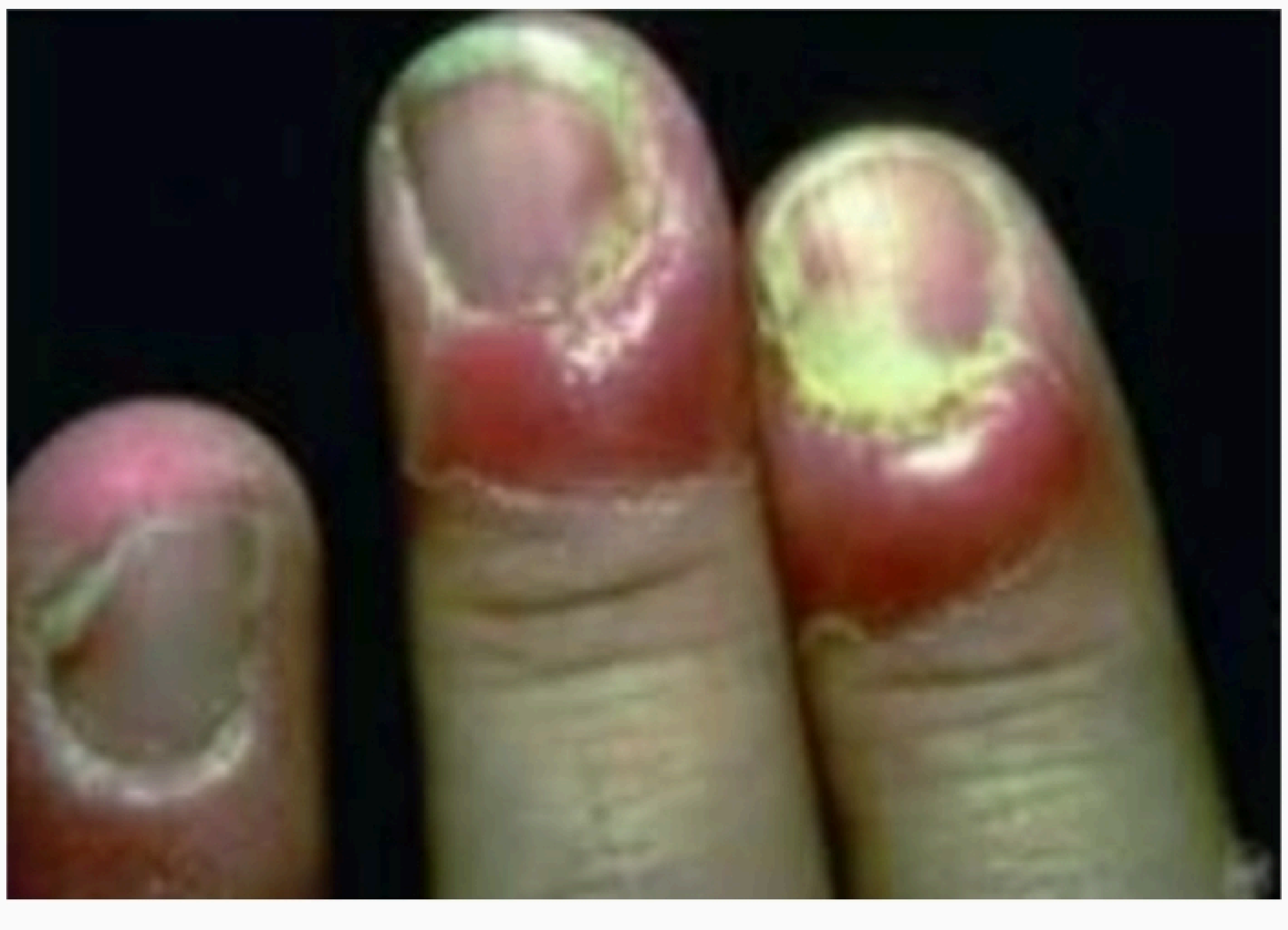






Paronychia





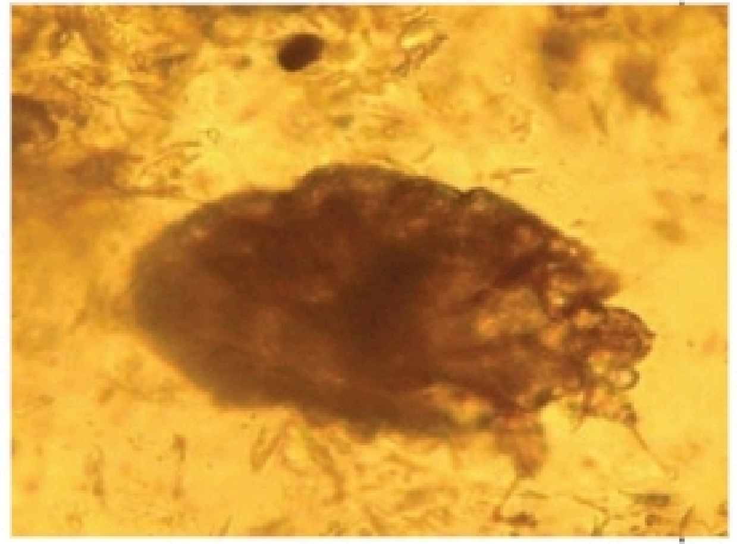
Parasitic Skin Infection: "Infestation"

Cutaneous Parasitic Infestation includes:

1- Scabies.
2- Cutaneous Leishmaniasis.
3- Pediculosis.

الجرب

* ***Scabies***



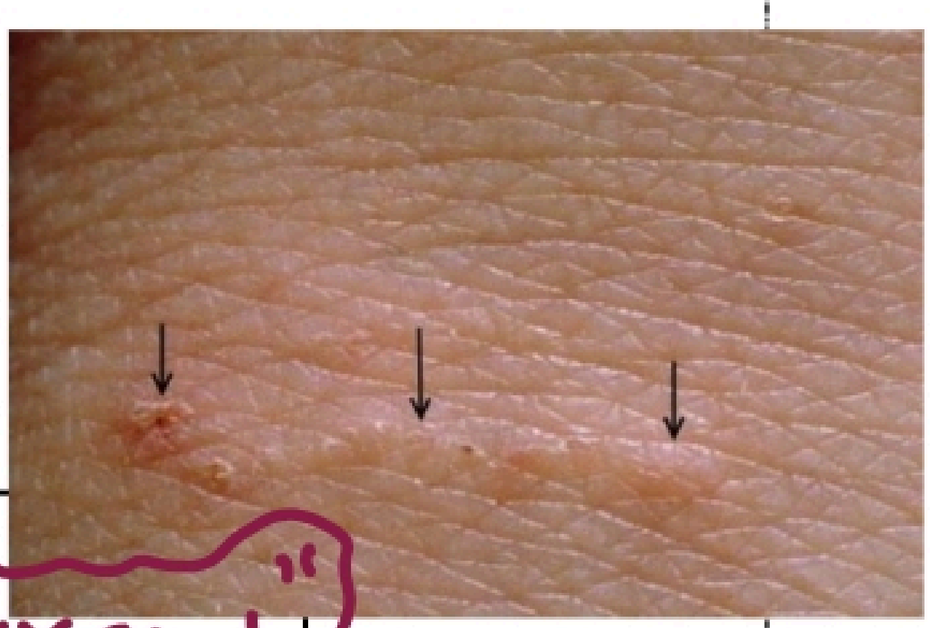
Commonest Communicable Pruritic Parasitic Infection Caused by; ***Sarcoptus Scabie***.

- **Mode of Transmission:**

1. Direct Contact.
2. Indirect Contact; Using of Common Towels, Clothes, Beds.
3. Sexually.

- **Predisposing Factors:**

Over Crowding, Poor Hygiene, Poverty.



"Burrow"

Clinical Picture of Scabies:

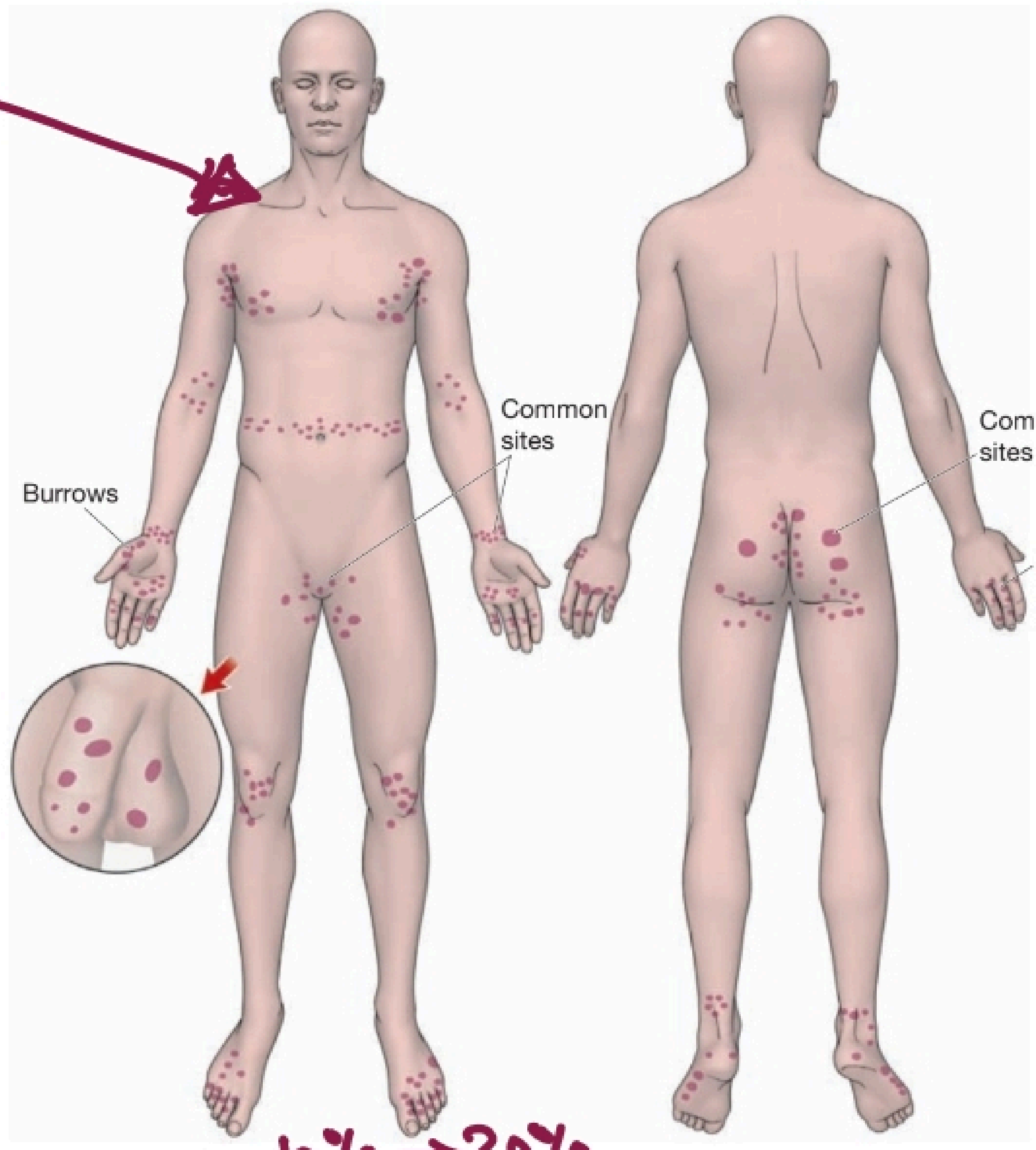
Sever, Persistent, Itching Worse at Night and after Bathing.

Presented with ***Burrow*** in Stratum Corneum, also Scratch Marks (Excoriations) and May Pustules; Due to Secondary Bacterial Infection.

Primary Skin Lesion→ Burrow
Secondary Skin Lesion→ Scratch Marks (Excoriations), and Pustules.

- **Sites:** Skin Folds;→ Inter-Digital Fold, Axillary Fold, Under Breast ♀, Umbilicus, Genitalia, Thigh, Gluteal region, Wrist, Elbow. "Moist Sites"

In Children; Mostly at Wrist. **In Infant**; Mostly in Face, Scalp, Palm, Sole.

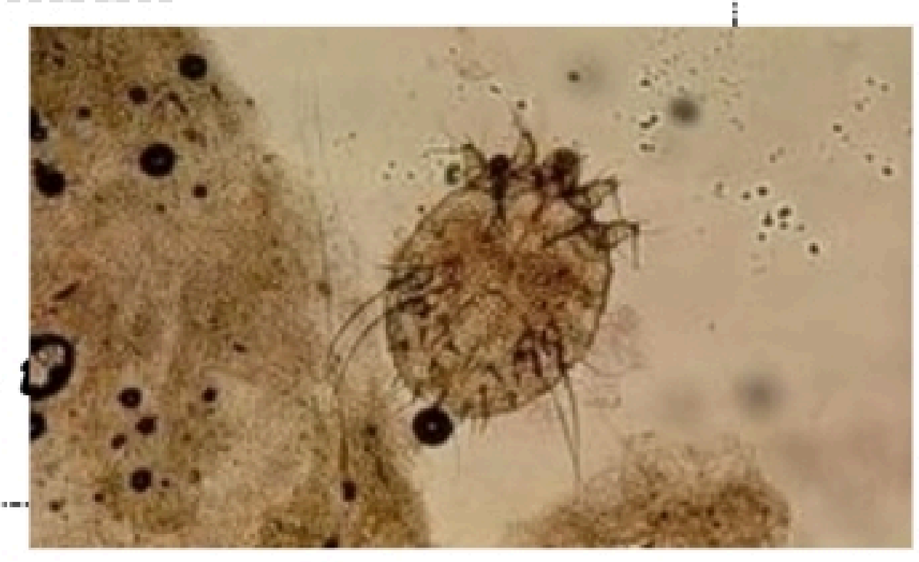


- ***Complication of Scabies:*** **"3S, PUC"**

1- *S*econdary Bacterial Infection "Pyoderma".
2- *S*pread to Community.
3- *S*cabio-Phobia "Even Try to Suicide".
4- *P*ruritic Nodules.
5- *U*rticaria.
6- Chronic Scabies. "Homeless"

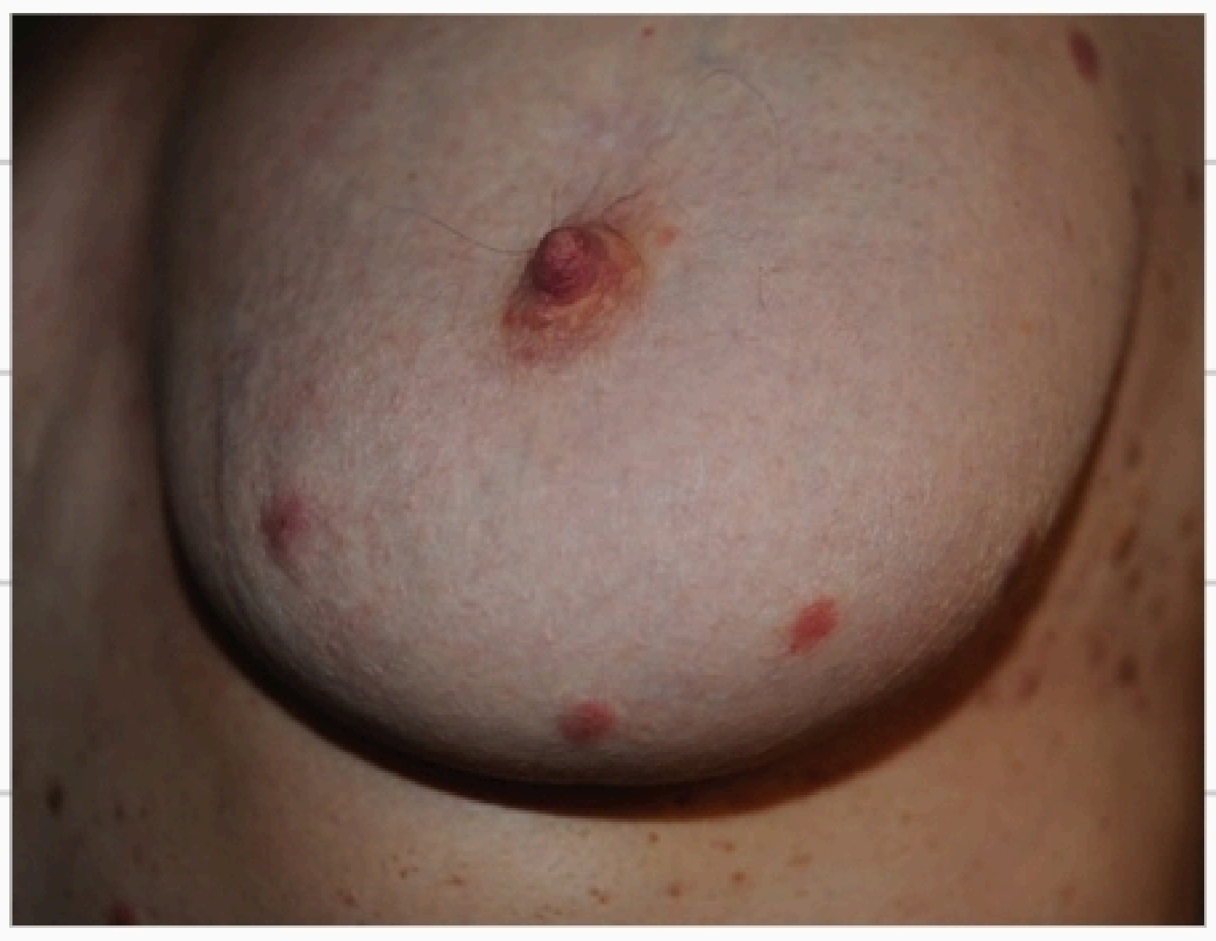
- **Diagnosis:** Mainly Clinically

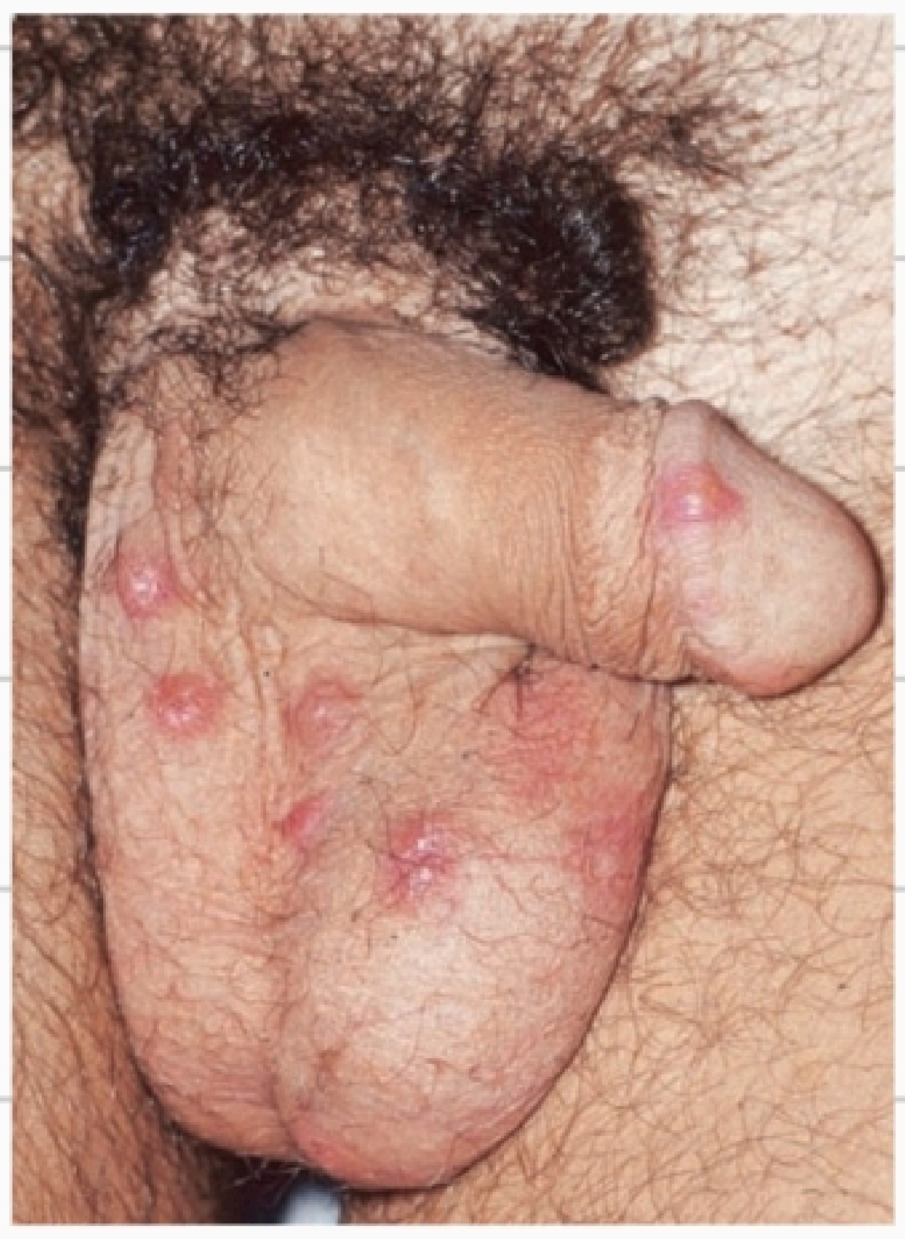
- History of Itching Worsening at Night.
- Presence of **Burrow** at Site of Lesion.
- More than One of Family Member involved.
- Microscopic Examination→ Scraping from affected area→ **KOH**→ Mite, Feces, & Eggs. 10% → 20%
- Therapeutic Test→ Give Treatment of Scabies; if Pt Respond;→ Test is Positive.



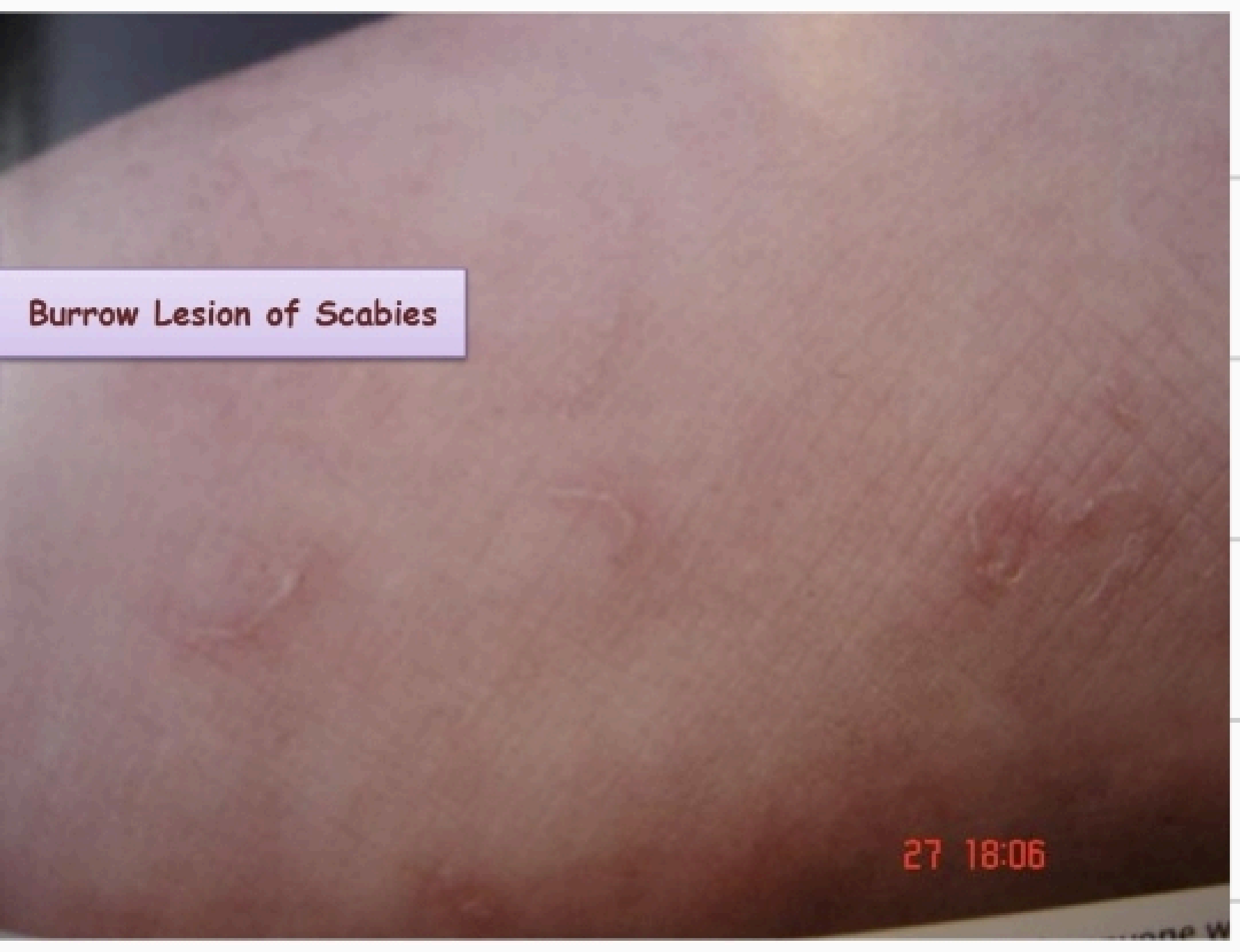
⇒ Types of Scabies :-

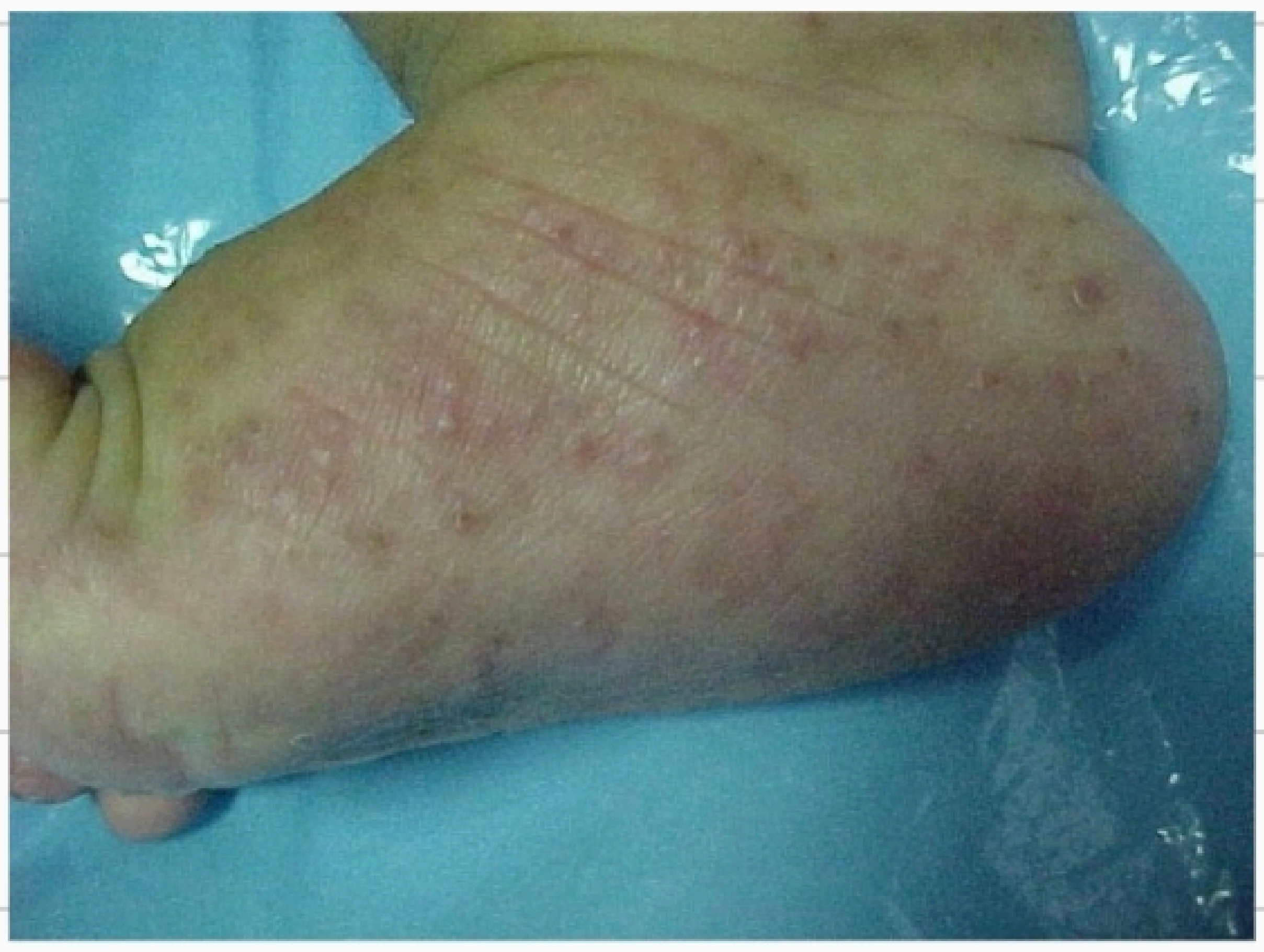
1- Adult Scabies (classical type).
2- Infantile Scabies.
3- Nodular Scabies.

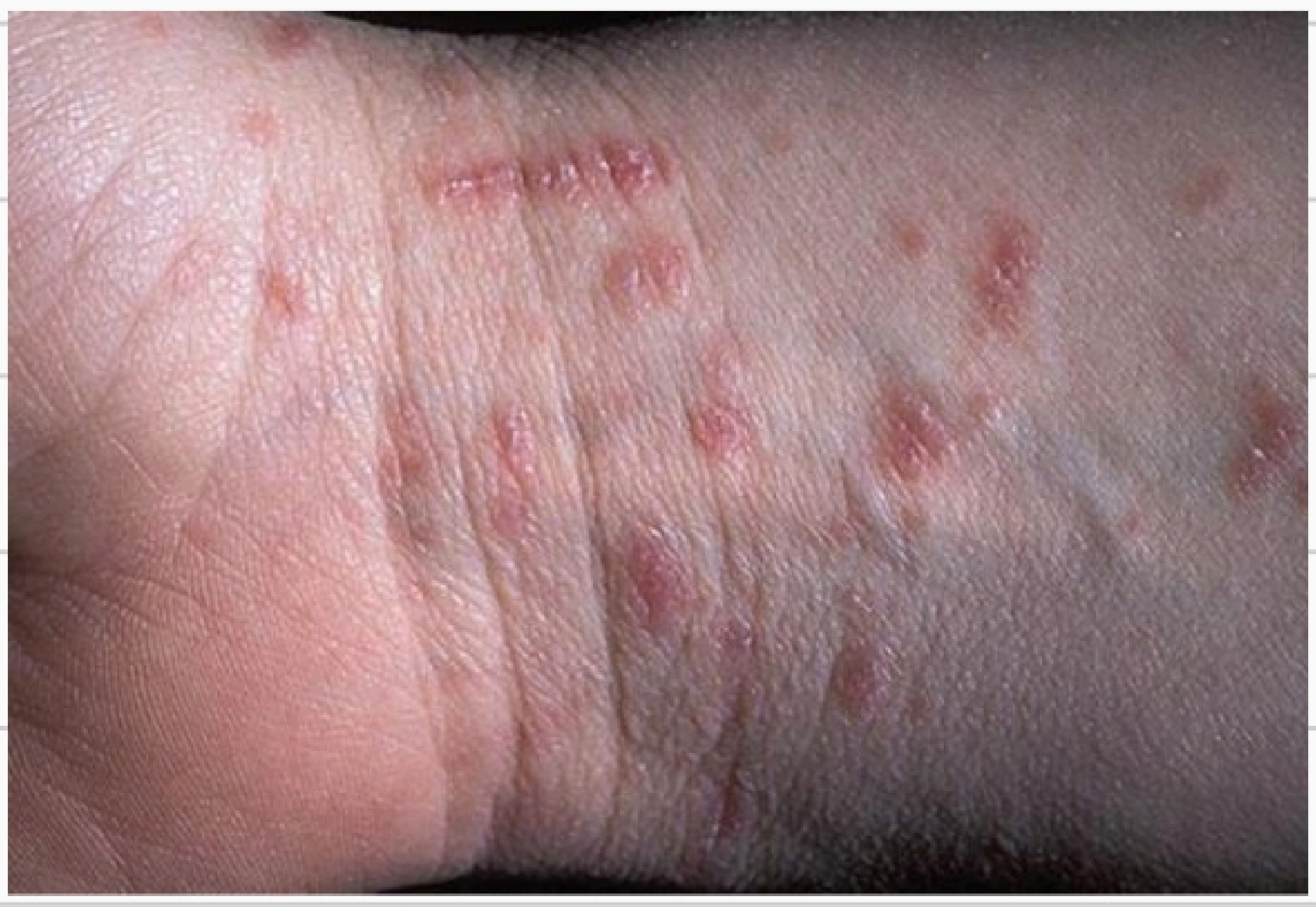


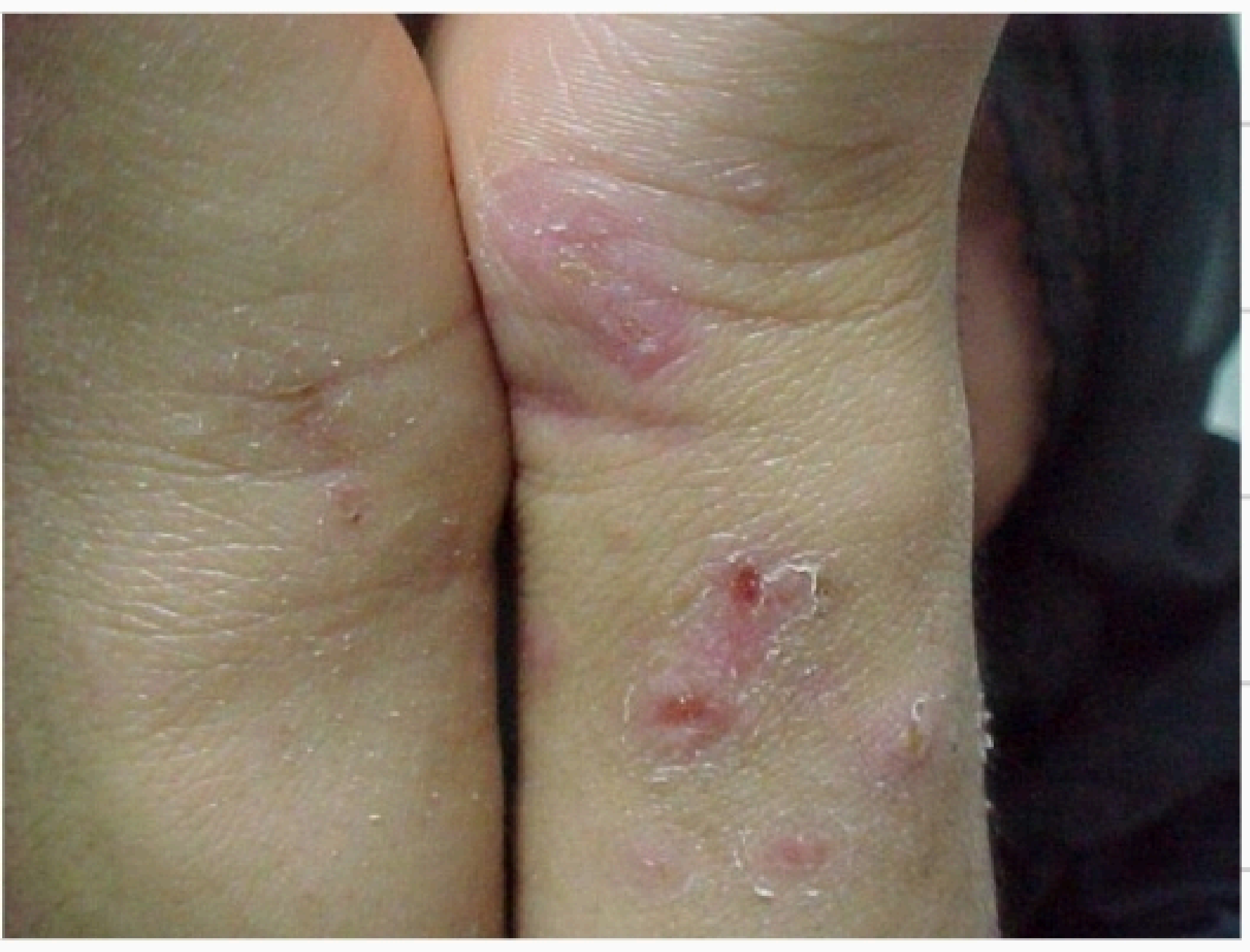


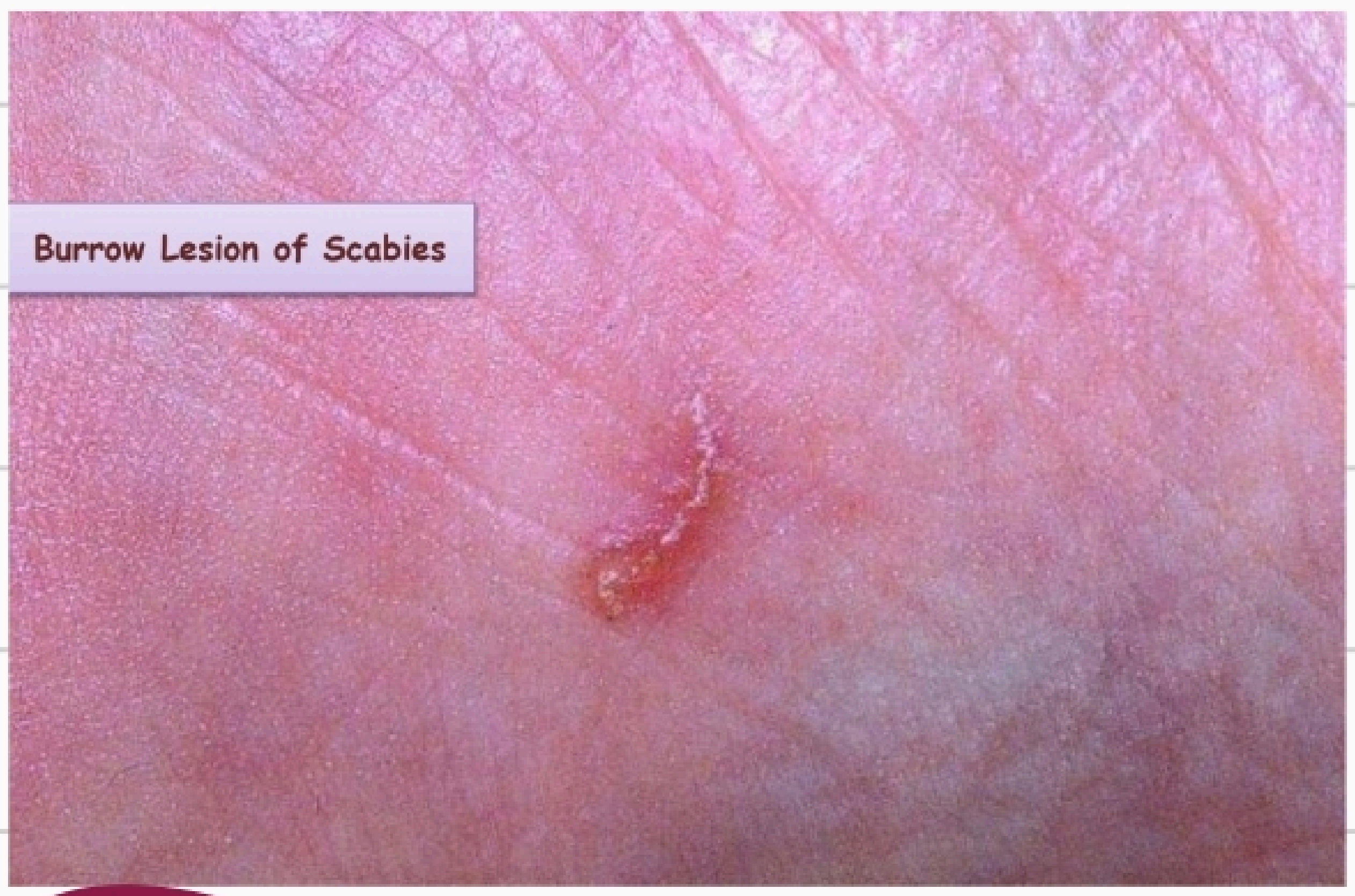
4- Neroigion Scabies (Common in HIV patients)
5- Animal Scabies.

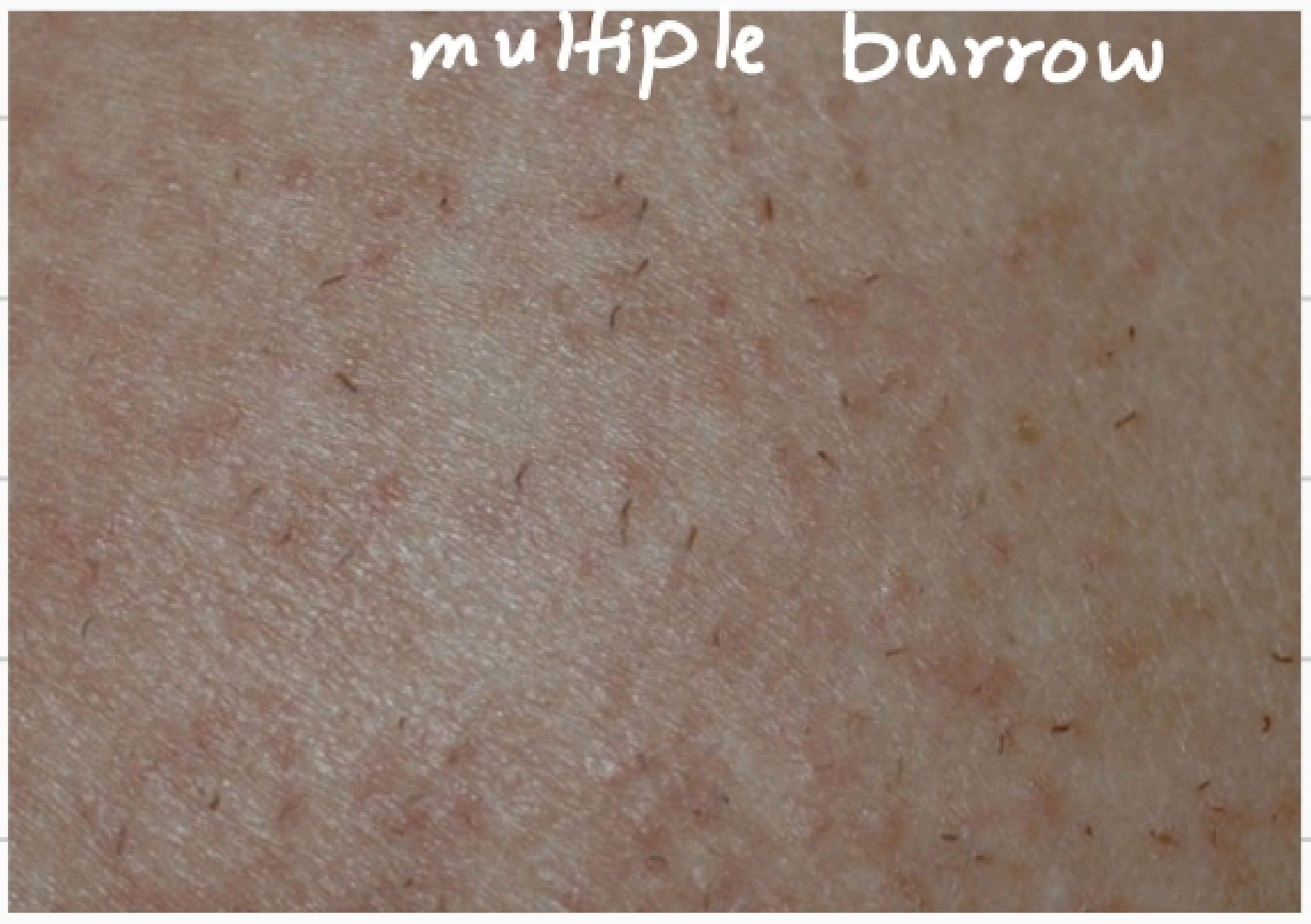

Burrow Lesion of Scabies







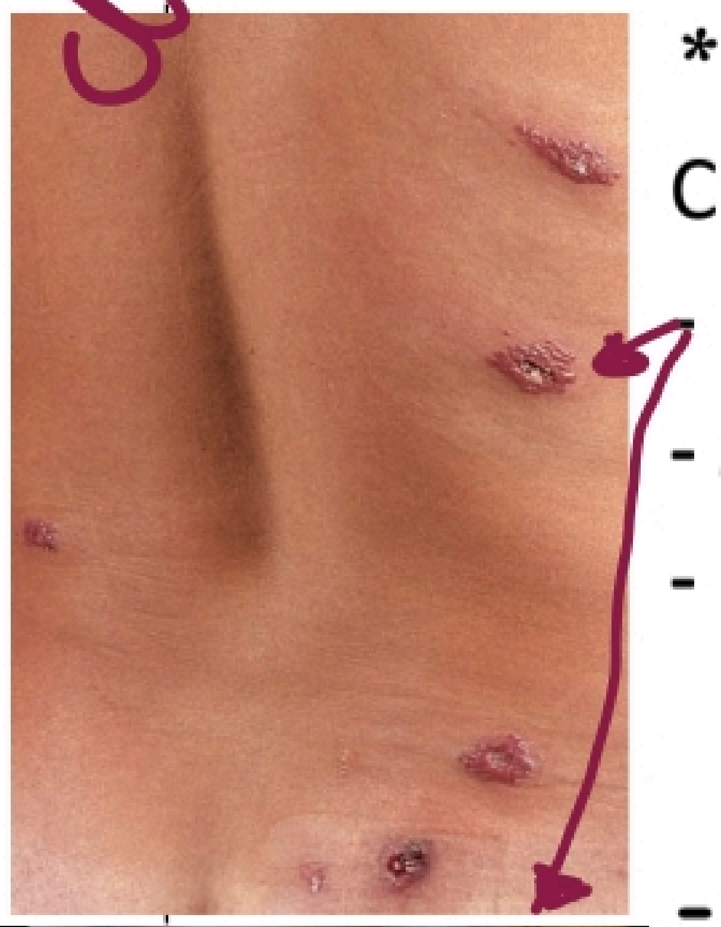

Burrow Lesion of Scabies


multiple burrow

Scabies

بديل
δ-Benzene Hexachloride
عند الحوامل

- Treatment of Scabies: (All Family Member Should be Treated "**Mass Treatment**")
Start from Chin to Down word→ by Using Anti-Scabietic Drugs, **24** Hours \ **3** Days:
1. Sulfur Ointment; 2.5% Infant, 5% in Children, 10% in Adult, Following a Hot Bath.
2. Crotamitone; 10% "Eurax". **3.** Malathion; 0.5% **4.** Permethrin; 5% (used in Children).
5. Gamma Benzene Hexachloride; 1% (**C\I in Pregnancy & Children**). **6.** Benzyl Benzoate.



* *Cutaneous Leishmaniasis "Oriented Sore"*

Caused by Protozoa Called ***Leishmania*** Classified in to:
- Old World Leishmaniasis. - New World Leishmaniasis.

- Mode of infection→ Bite Vector Female Sand Fly Named ***Phlepothomus Papatazi***.
- Animal Reservoir→ Rodents, Dogs. **Common in;** جنزور, ترهونة, غريان. الخمس, تاورغاء

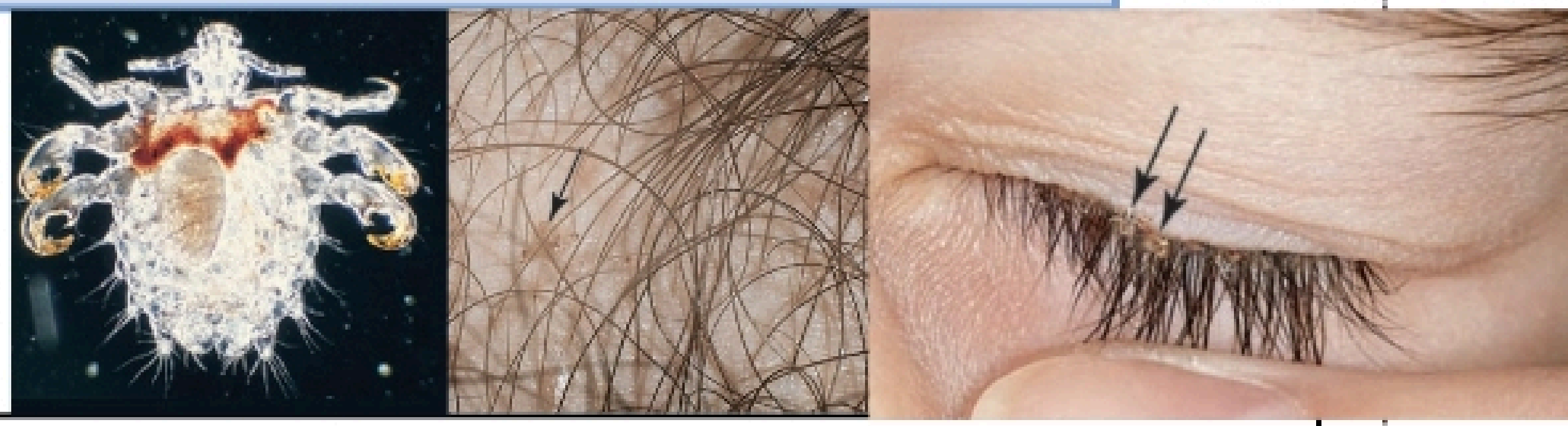
Clinical Picture: Start with Painless Red Nodule or Papule then→ Ulcerate

- Diagnosis: Mainly Clinically
1. Slit & Smear From Margin, ***Giemza Stain*** See→ Leishmaniasis ***Amastigoite***.
2. Biopsy, Culture; ***NNN*** Media (**N**ovy Mac, **N**eal, **N**icolle) See→ ***Promastigoite***.
3. Polymerase Chain Reaction (**PCR**). **4.** Montenigro Test; (Not Done in Libya).

- Treatment of Cutaneous Leishmaiasis:
1. Sodium Stiboglyconate "***Pentostam***" Intra-Lesion Injection, Systemic Pentostam Given Only in→Multiple Nodules, Ear involvement, and Lymph Node Infiltration, **(20mg\kg).**

**
S\E of Pentostam: Nephritis, Hepatitis, **ECG** Change, So you Need to Do **(R.F.T) (L.F.T) (ECG)**

2. Cryotherapy.



* *Pediculosis "Louse Infestation"*

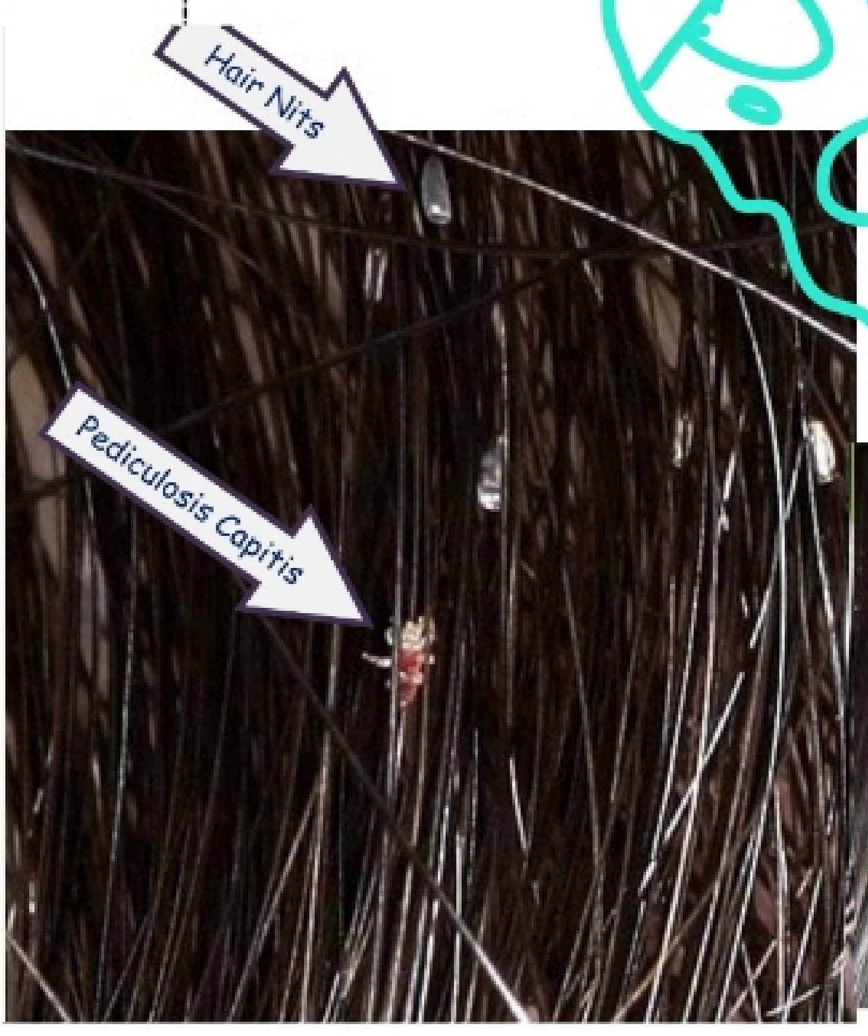
Pediculosis Capitis "Head Louse"	*Pediculosis Corporis "Body Louse"*	*Pediculosis Pubis "Pubic Louse"*
- More in School Children. - Mostly found → Post-Auricular. - Louse Present in Hair ***Nits***. - **C\P:** Mainly Itching, Also Secondary Bacterial infection.	- More in Homeless People. - Mostly found in Clothes. - Louse Take Blood Meal at Night. - **C\P:** Hemorrhagic Spots, Scratching due to Saliva of Louse.	- Transmitted by Sexual Contact, lavatory Seats. - Found in Pubic area, Axilla, Thigh, Abdomen, Eye lashes. - **C\P:** Sever Itching.

Treatment of Pediculosis: 1. General→ Shaving of Hair, Disinfect of Clothes.
2. Topical→ Malathion, Benzyl Benzoate, Benzene Hexachlorid **(C\I** in **Pregnancy**, **Lactating Mothers** & **Children)**.
3. Systemic→ Cotrimoxazole. **4.** Anti-Biotic for Secondary Bacterial infection. **5.** Treat Contacts Even Sexual Contacts

- Complication of Pediculosis: → Impetigo, Folliculitis, Lymphadenitis, Pigmentation.

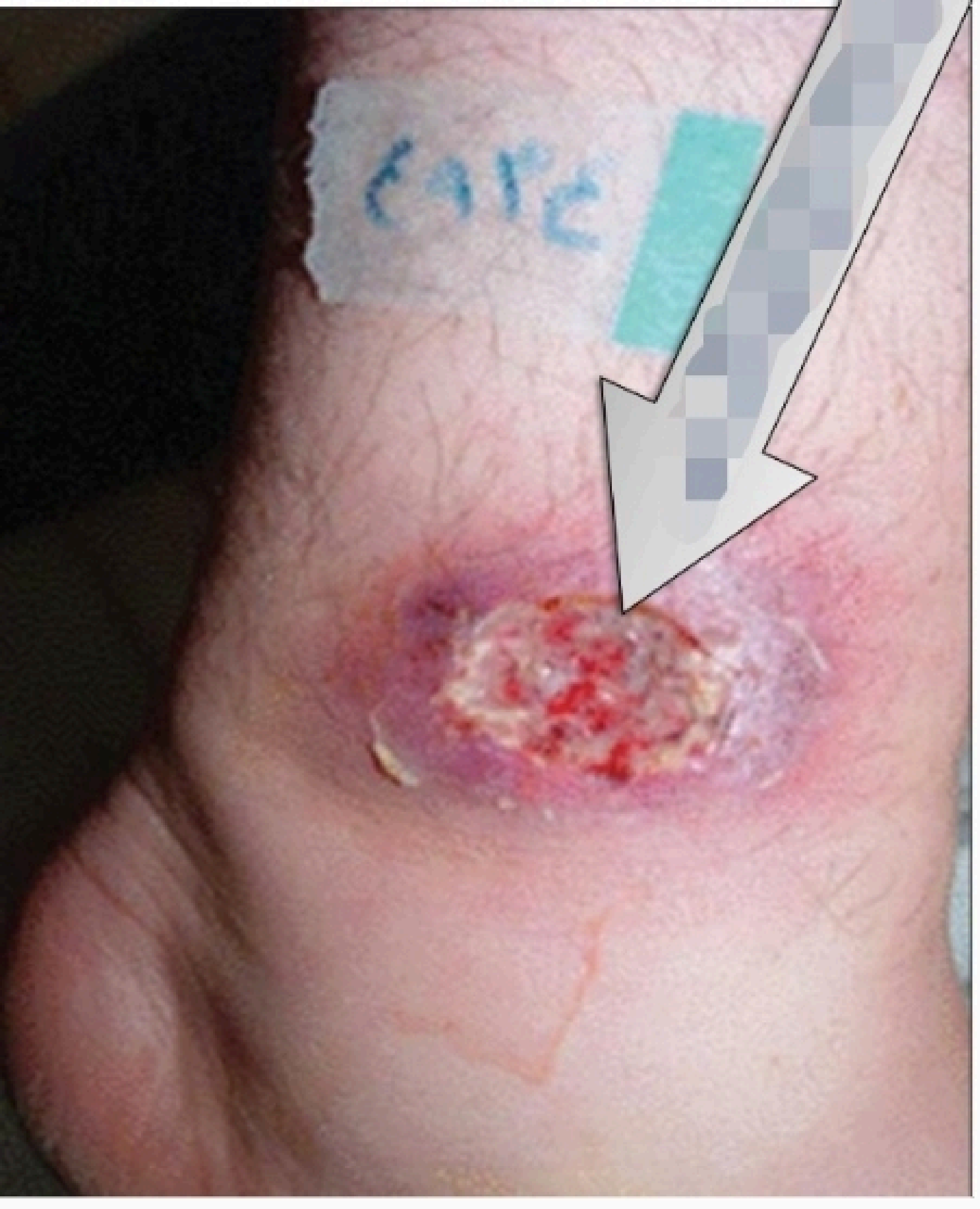
	Nits	*Dandruff*
Size	Equal Size.	Different Size.
Shape	Similar Shape.	Different Shape.
Hair	Adherent to Hair.	Separates from Hair.

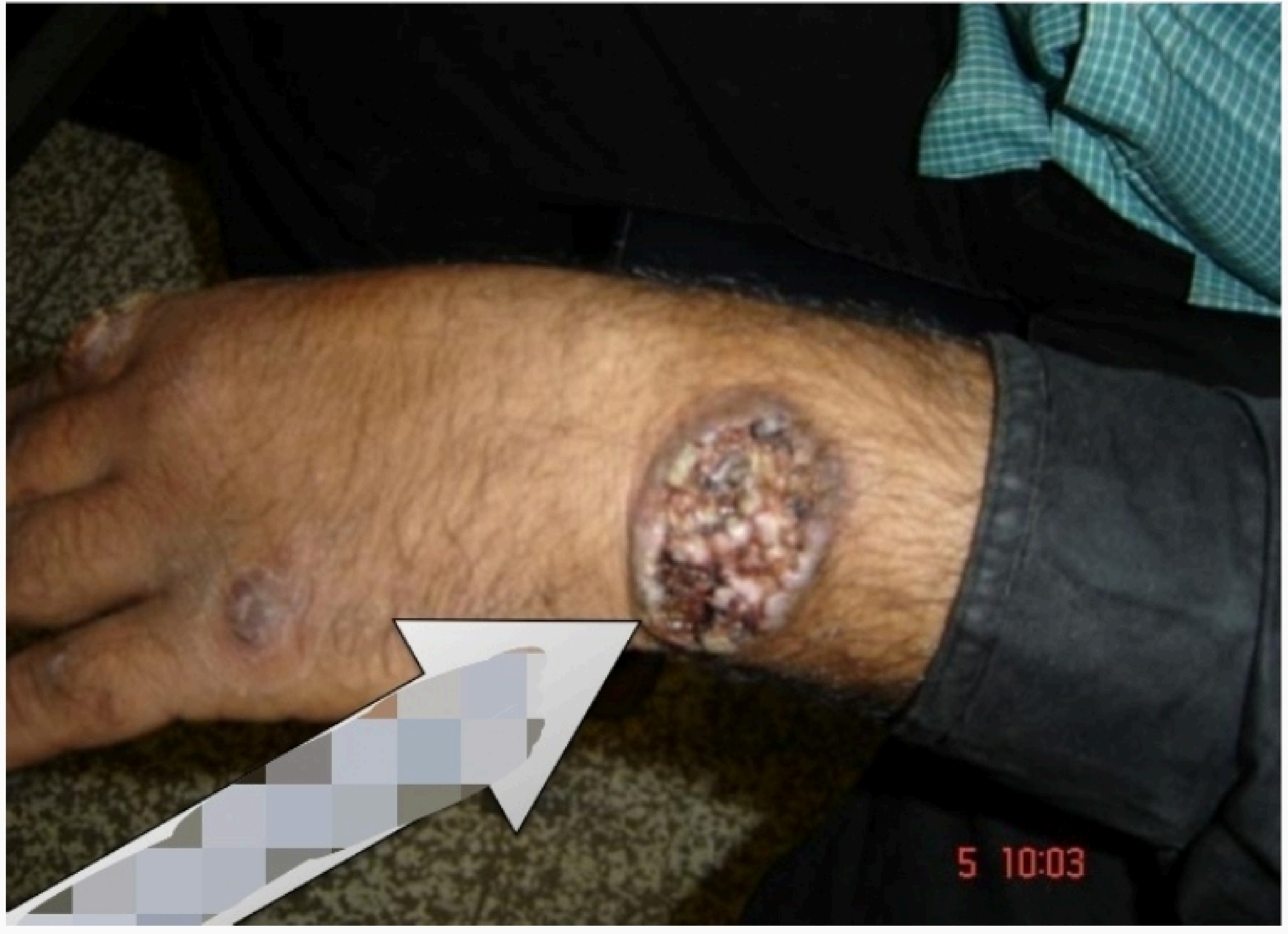
P. capitis

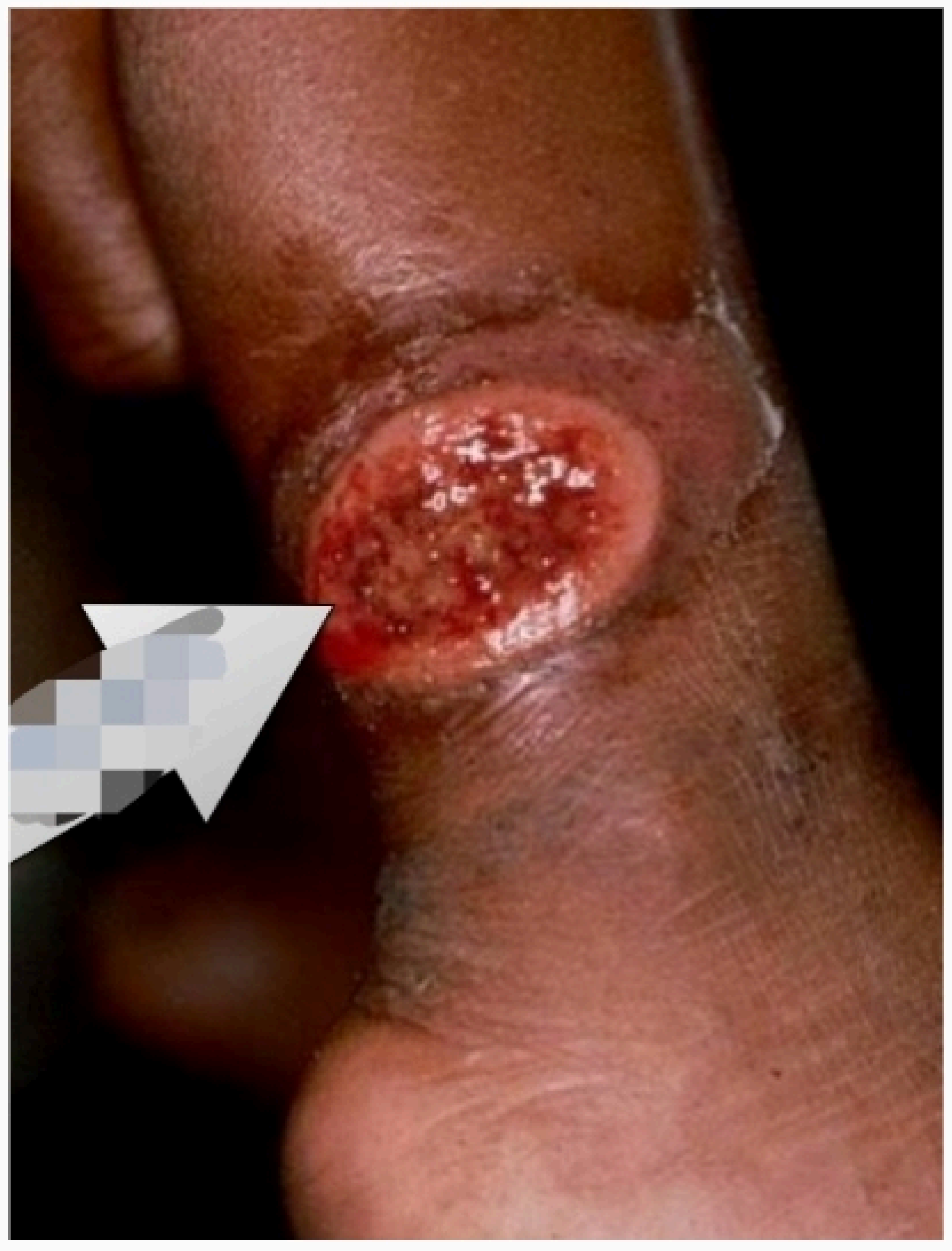


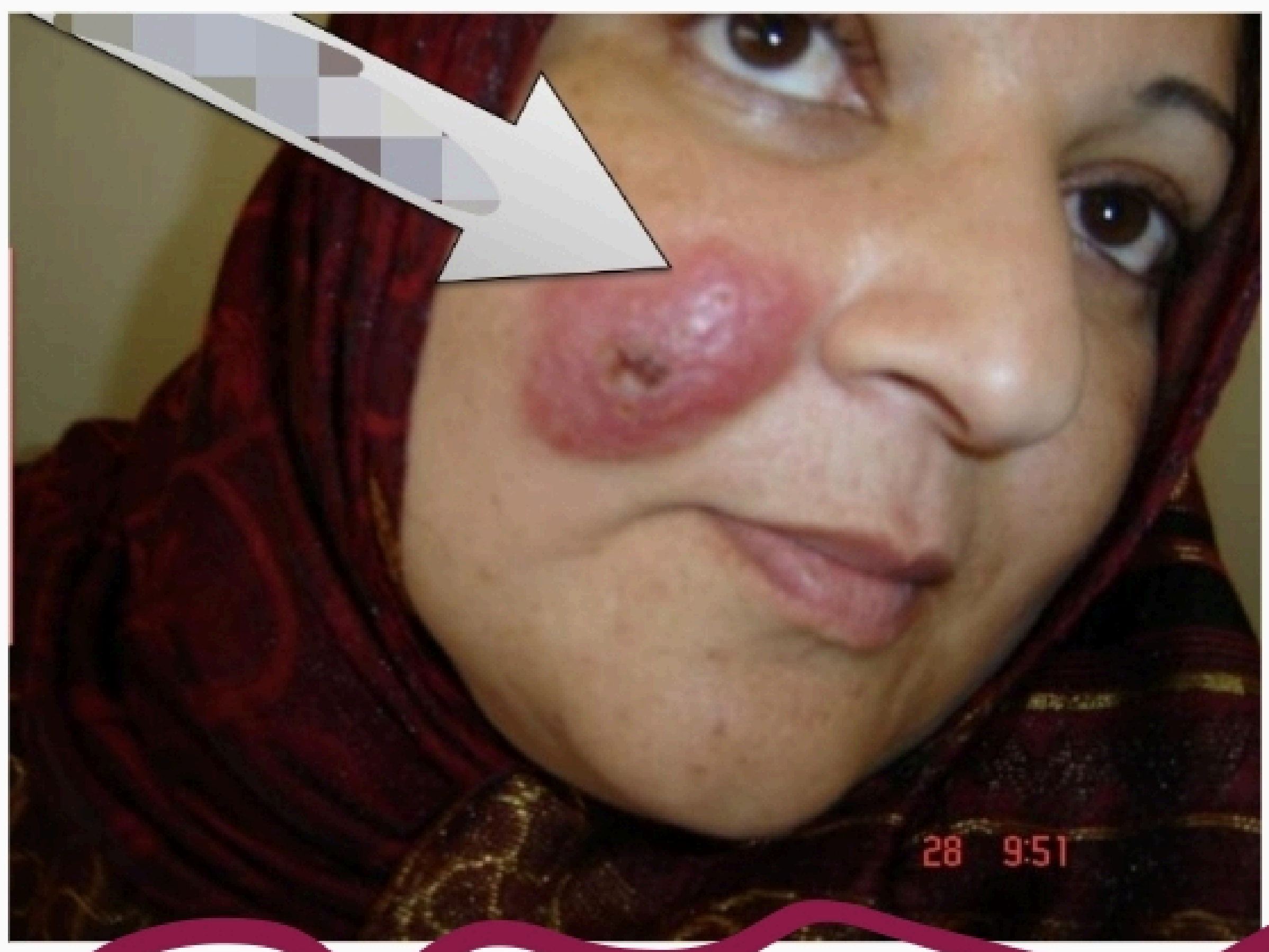
Pediculosis Capitis

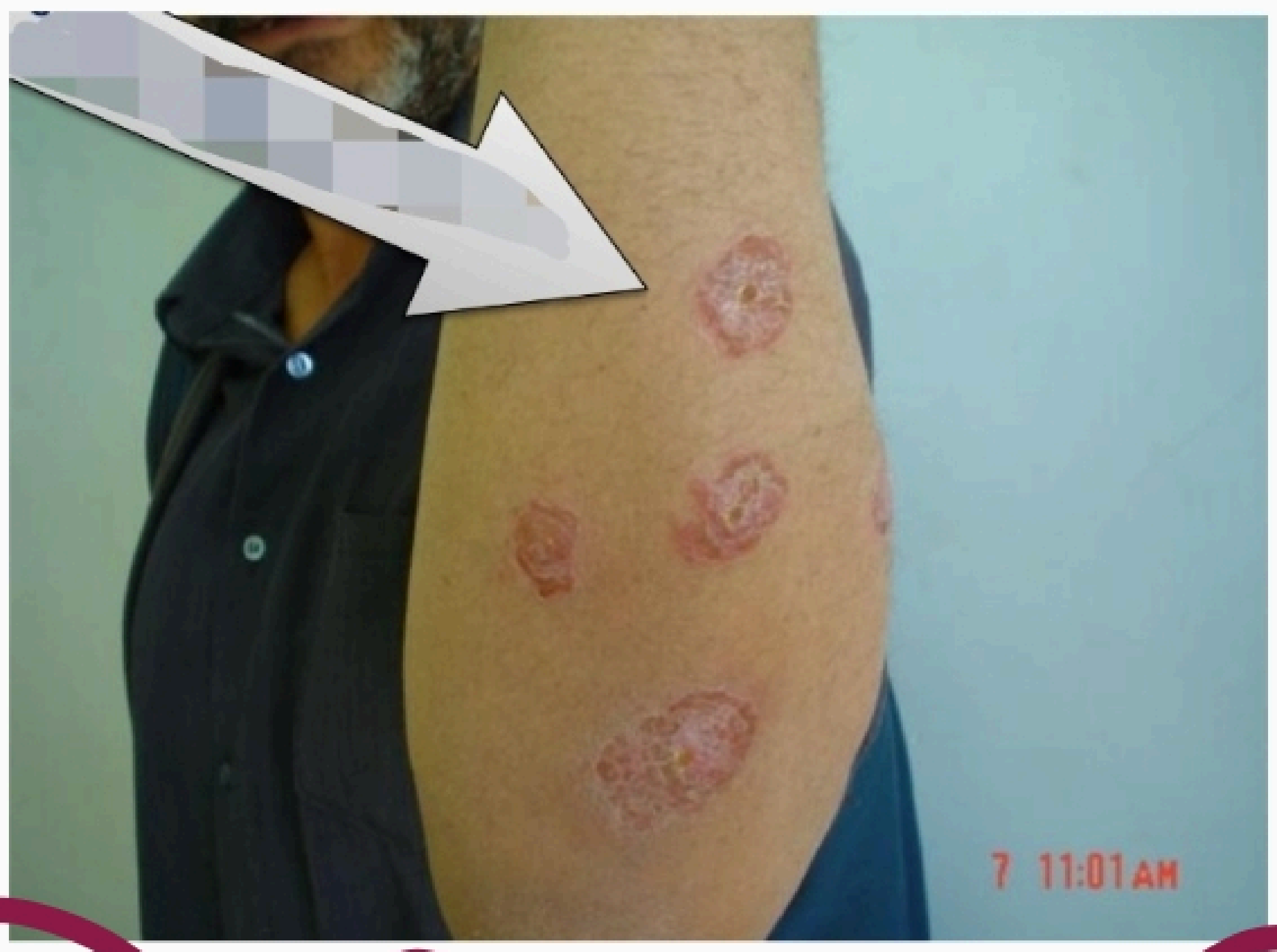
P. Corporis

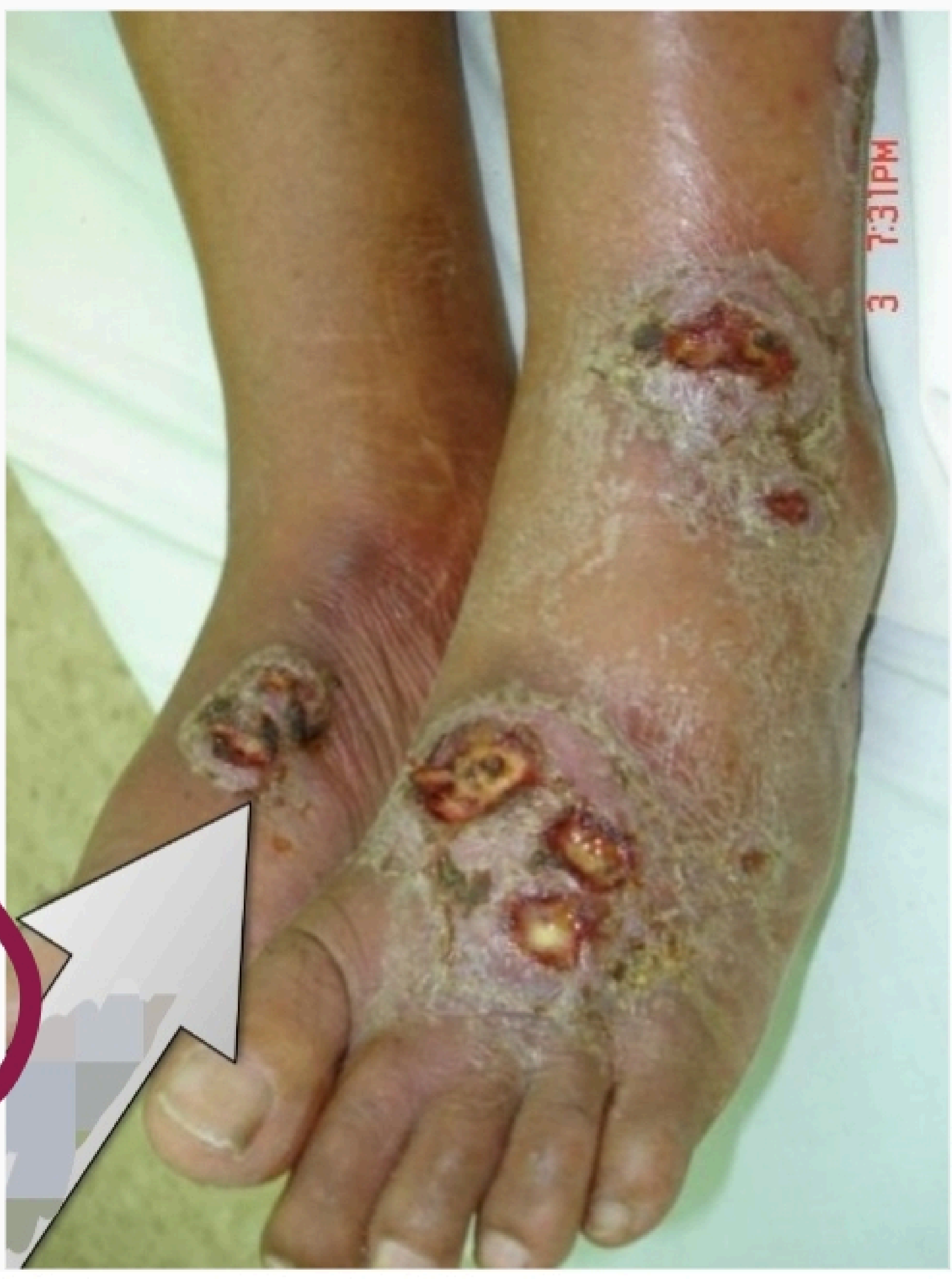






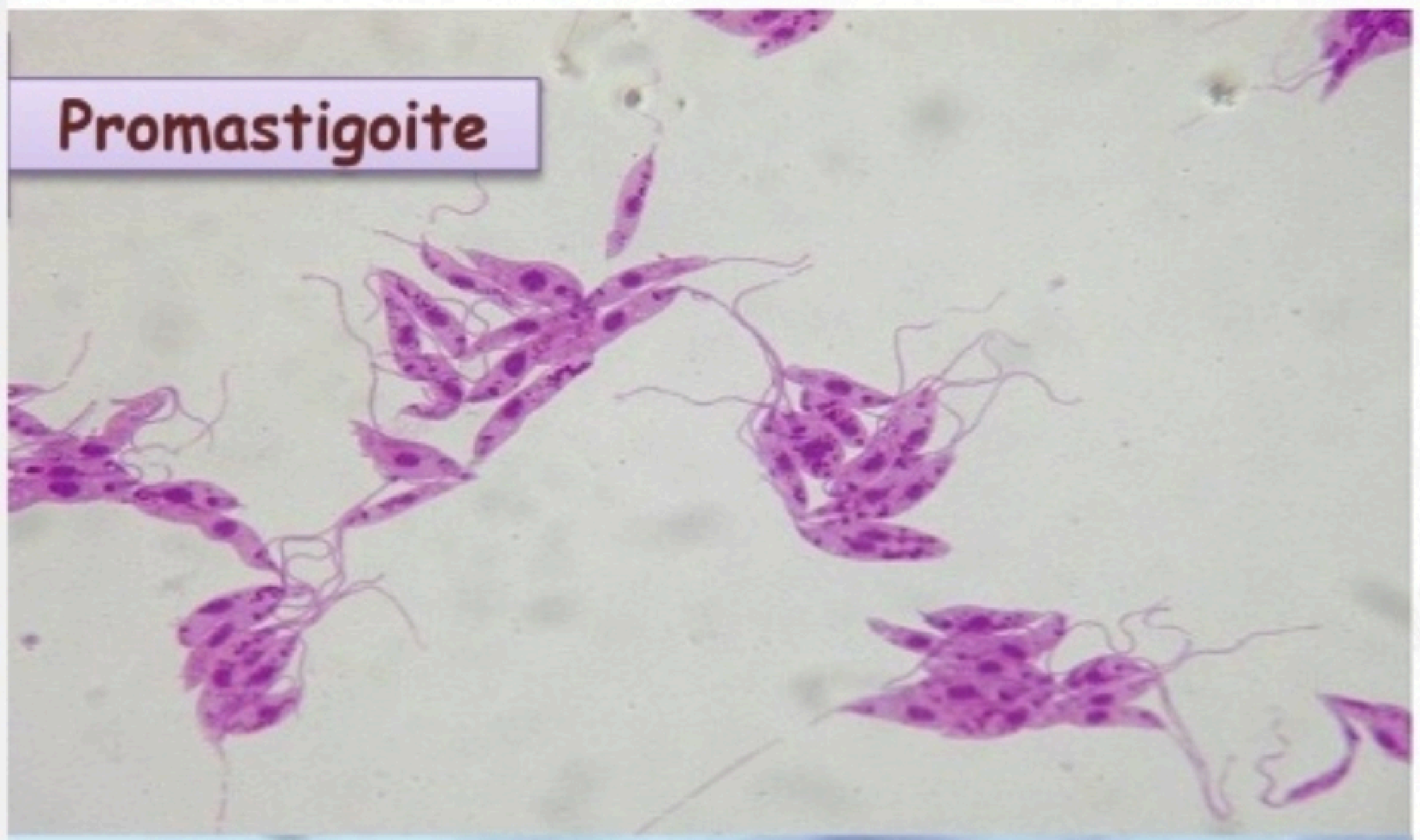


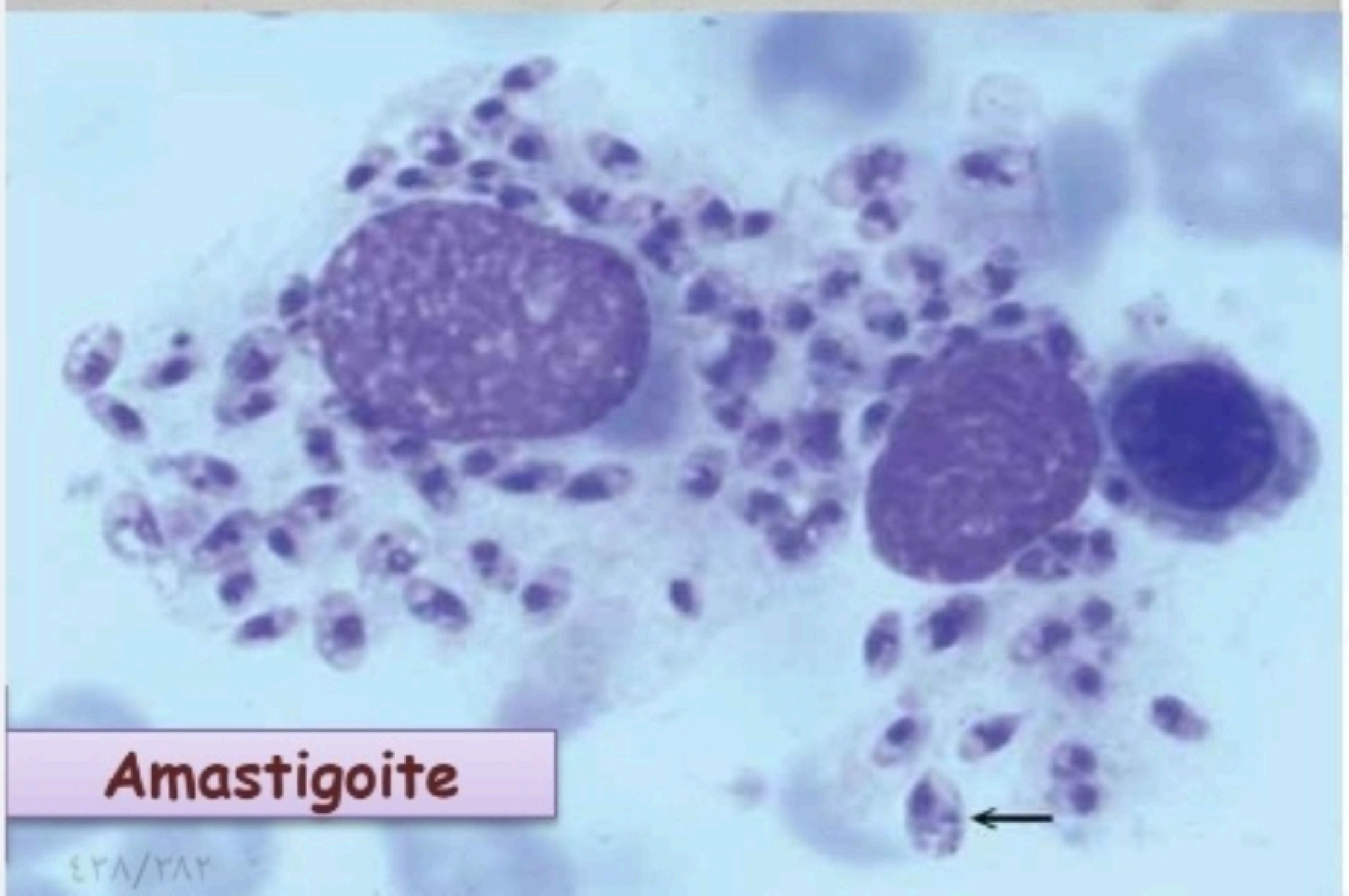




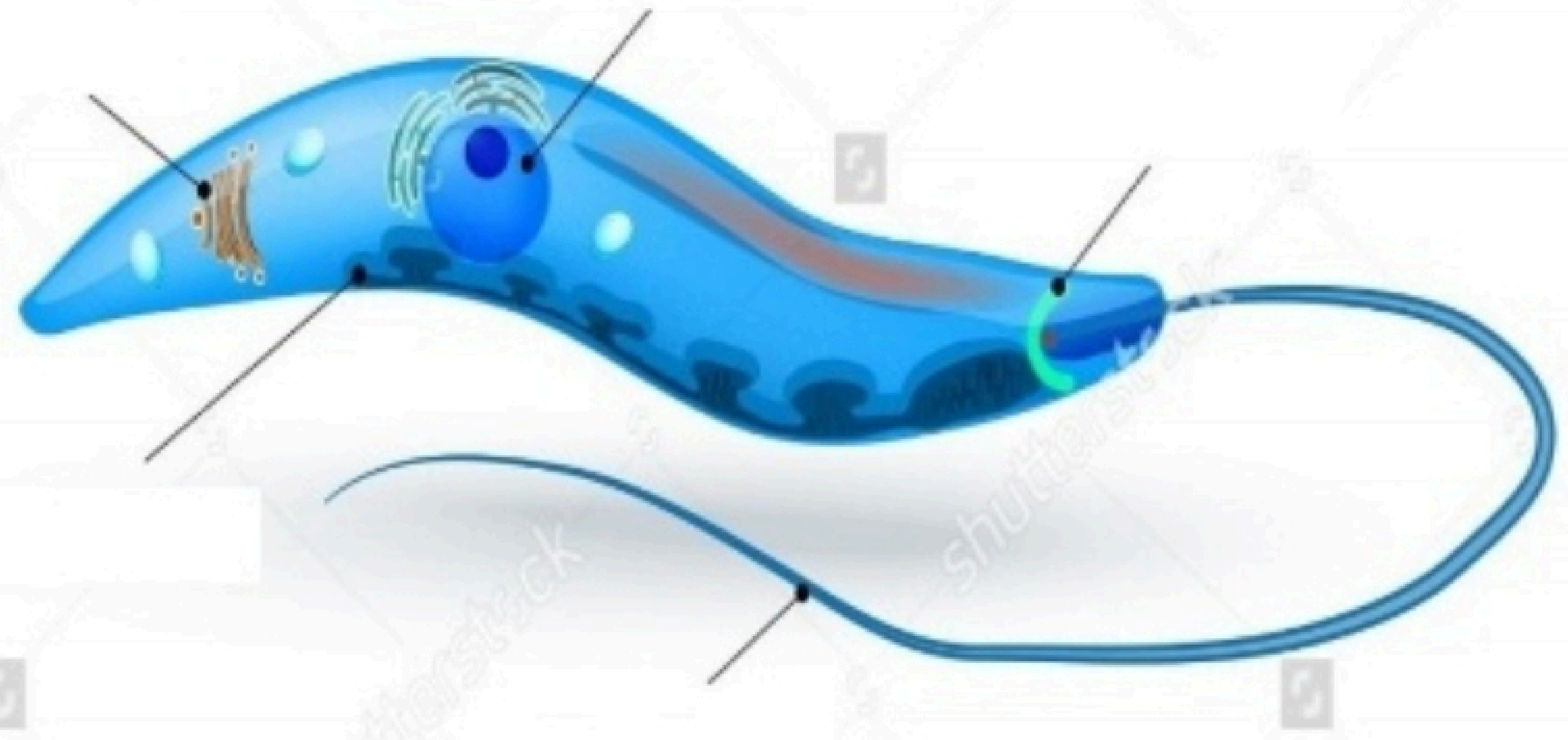
Cutaneous Leishmaniasis

Amastigoite & Promastigoite

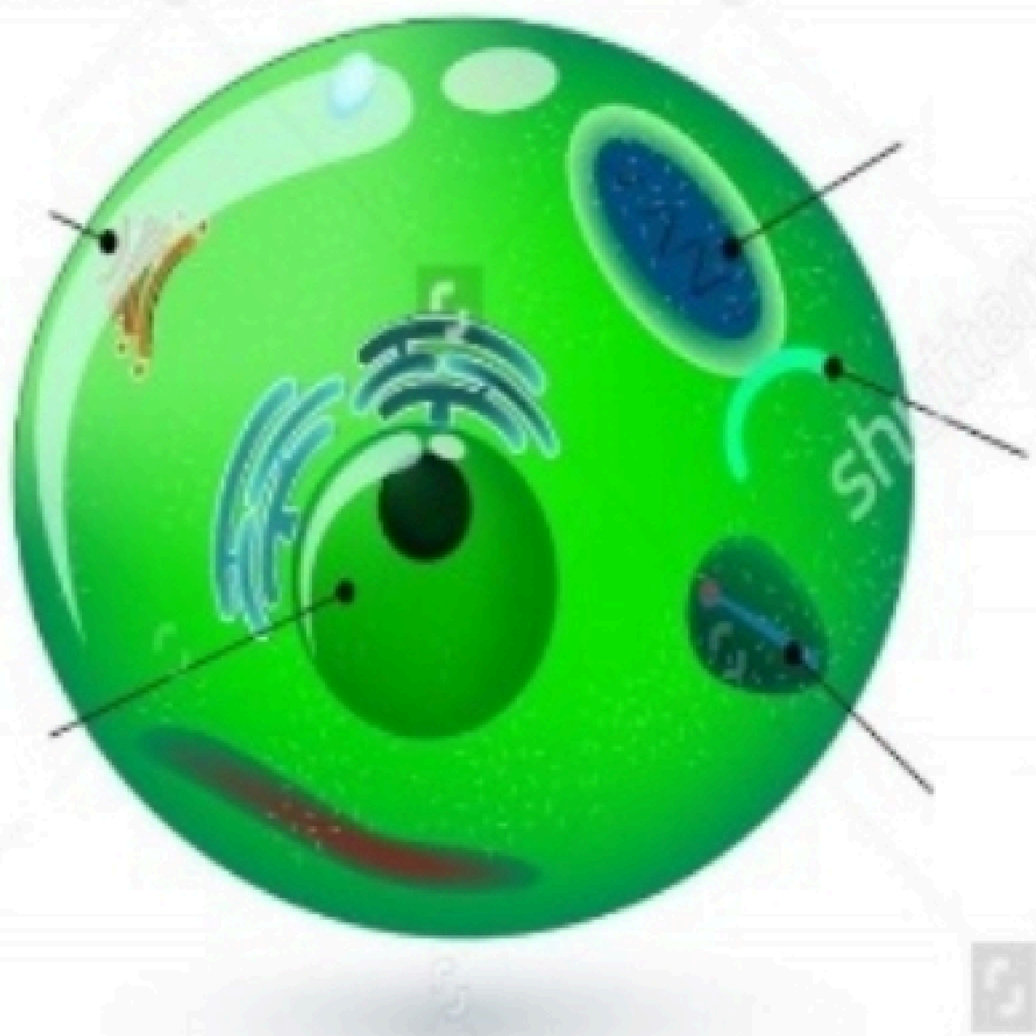

Promastigoite

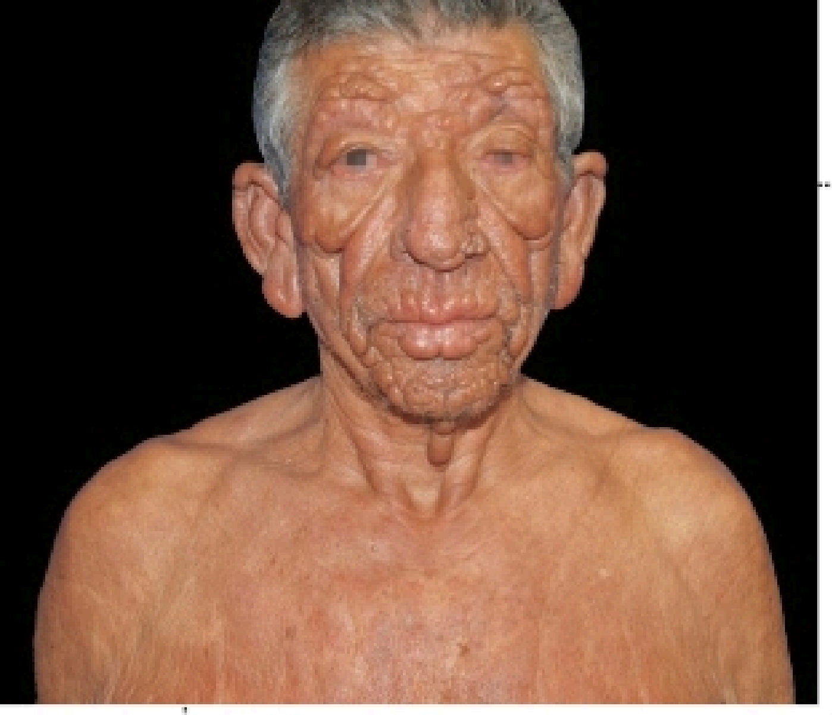

Amastigoite

Promastigote form

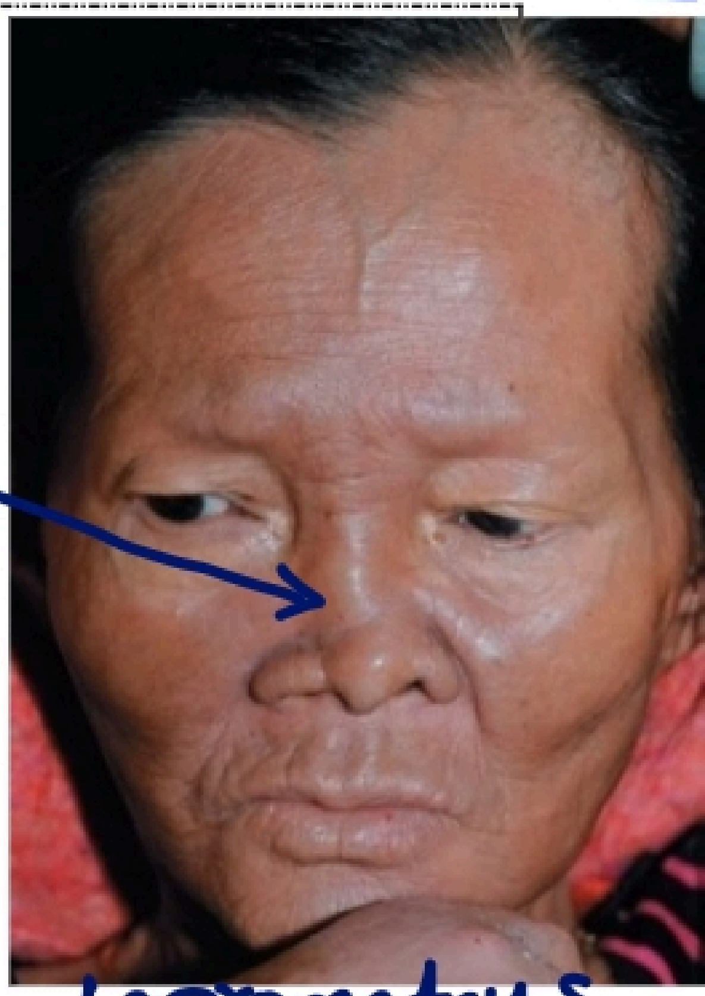


Amastigote form





Note:- Loss of Hair in [Scalpe - Eye lashes - Eye brow] & Saddle nose deformity



Lepromatous Leprosy

Mycobacterium Skin Infection:

1- Leprosy.

2- Cutaneous Tuberculosis.

* *Leprosy* "الجذام"

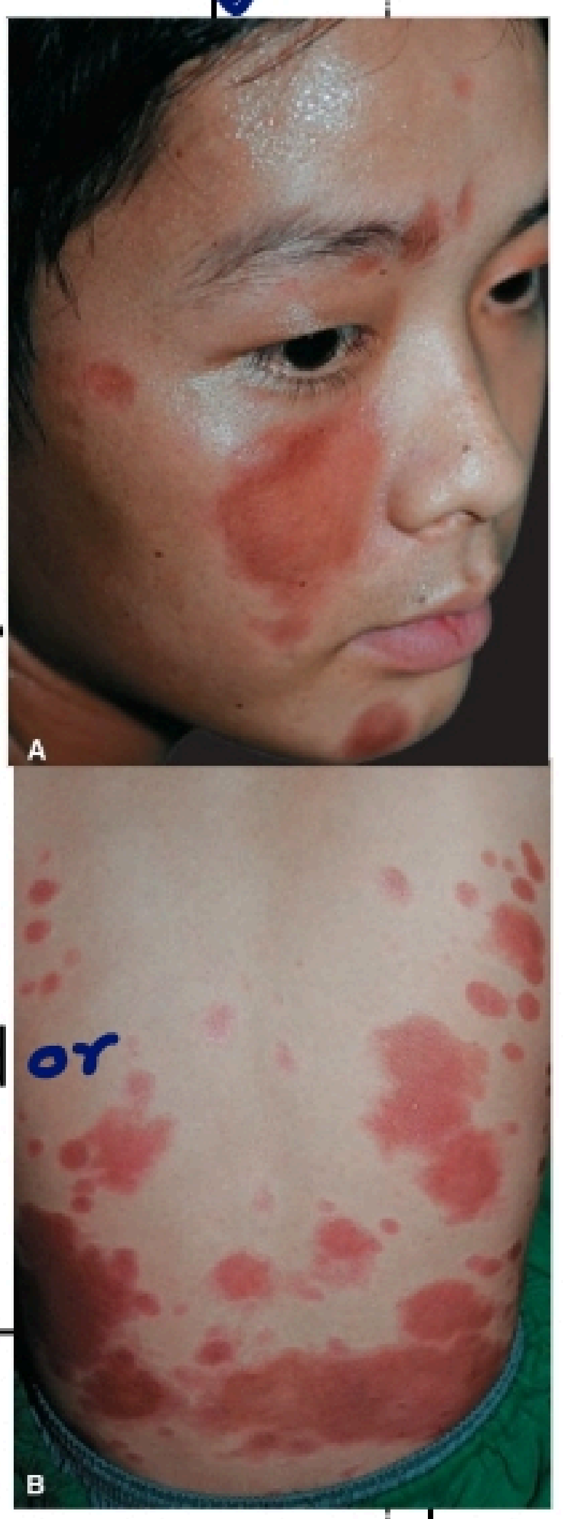
It is a Chronic Granulomatous Disease affect Skin & Peripheral Nervous System Caused by → **Mycobacterium Leprae**. => Appears by Z.Neelson Stage

M.Leprae is an Obligate Intracellular Acid Fast Bacilli, Its average Incubation is **2-3** Years.

- Types of Leprosy:

most common

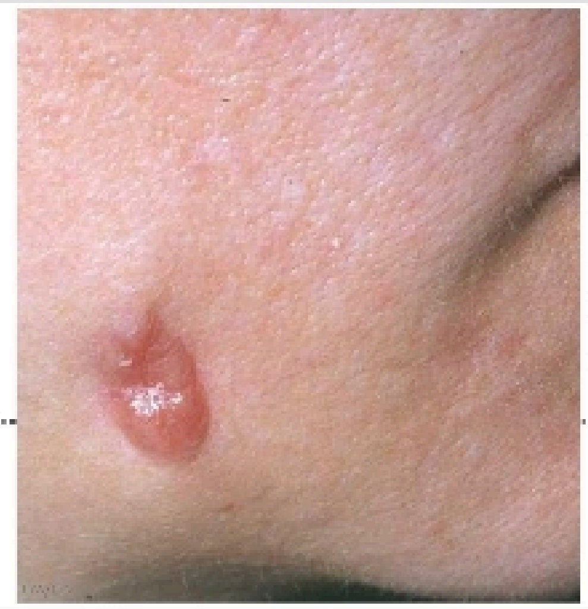
1- Tuberculoid Leprosy	*2- Lepromatous Leprosy*	*3- Border line Leprosy*
- Occur in Patient with **Good Immunity**→ **90%**. - Affect Skin & Peripheral Nerve. **Clinical Picture:** --Hypo-Pigmented patches or Macules. ē red margin "Active" (البكتيريا عايشة في الmargine) --Loss of Sensation, (**1st loss Temperature**). --Loss of Sweating (Dry Skin). → scales & crustes. --Loss of Hair.	- Occur in Patient with **Low Immunity**→ **10%**. - Affect Skin, Mucous Membrane, Internal Organs **Clinical Picture:** --Hypo-Pigmented or Erythematous Macules. & patches --Diffuse Nodular involvement of Face Usually loss of Lateral ***1\3*** of Eye brow giving appearance of →***Leonine Face***. --Loss of Eye lashes + Alopecia scalpe hair + Eye brow hair --Nasal Septum Destruction + Nasal Discharge + Epistaxis. → Saddle nose. --**Mild** Loss of Sensation But **Normal** Sweating. --Also Bone, Eyes, Testis Involvement.	- It is Between Two Types. - Affect Face, Trunk, Extremities. **Clinical Picture:** --ill-Defined Macules. --**Normal** Sensation. --**Normal** Hair Growth. --**Normal** Sweating. **Fate:** Disappear or Change to Tuberculoid or Lepromatous Leprosy.

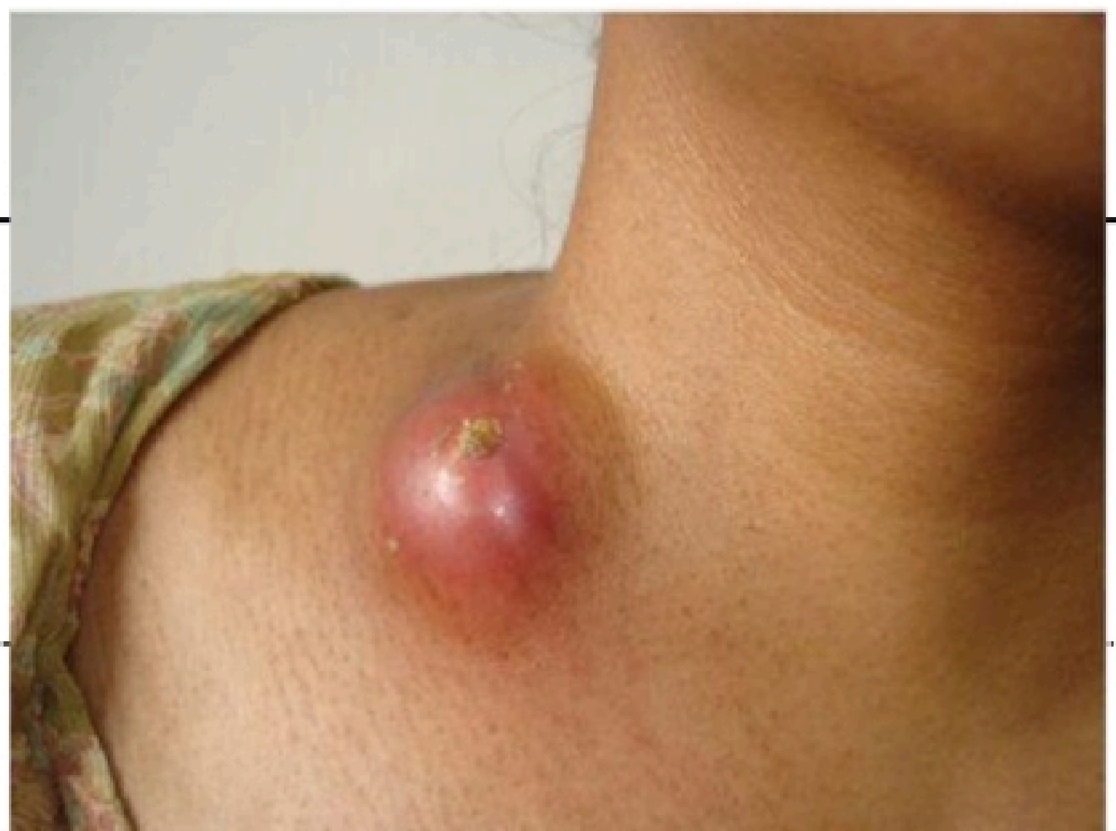


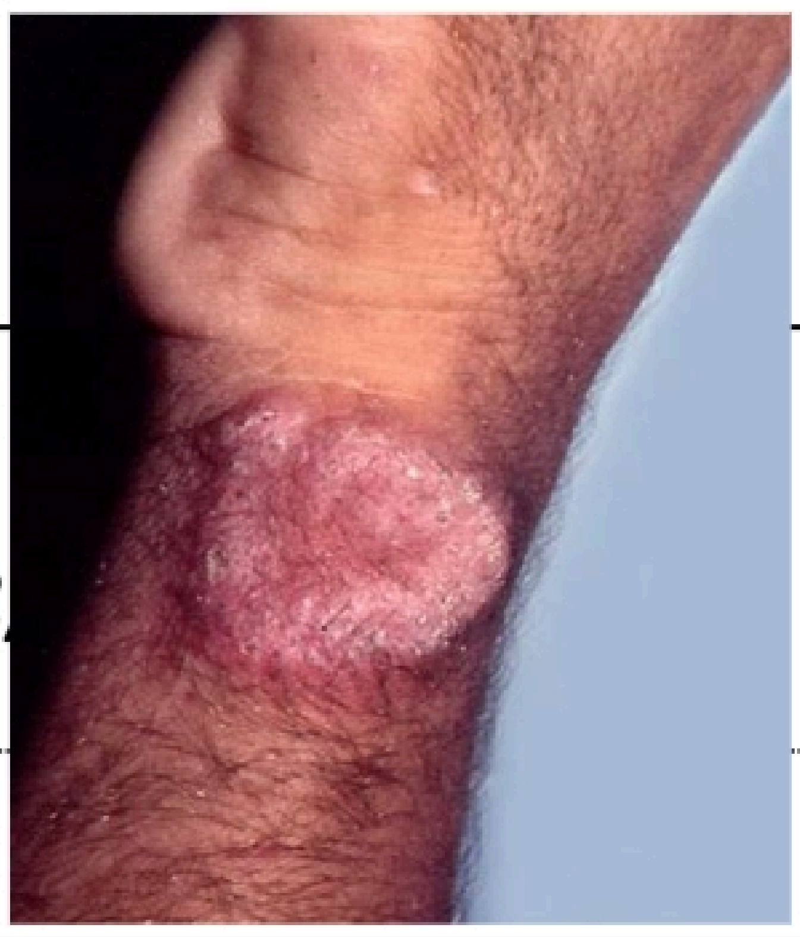
Diagnosis of Leprosy:	**Treatment of Leprosy:**
1. Tissue Smear Testing: Obtain fluid from the lesion, The fluid is Placed on Glass Slide and Stained by using ***Zeihl-Neelson Stain*** to look for Organisms. **2.** Skin Biopsy. **3.** Lepromin Test. "Slit & Smear"	**1.** Dapson. S.E **2.** Rifampicin, One injection Stop Nasal Discharge. **3.** Clofazamine.

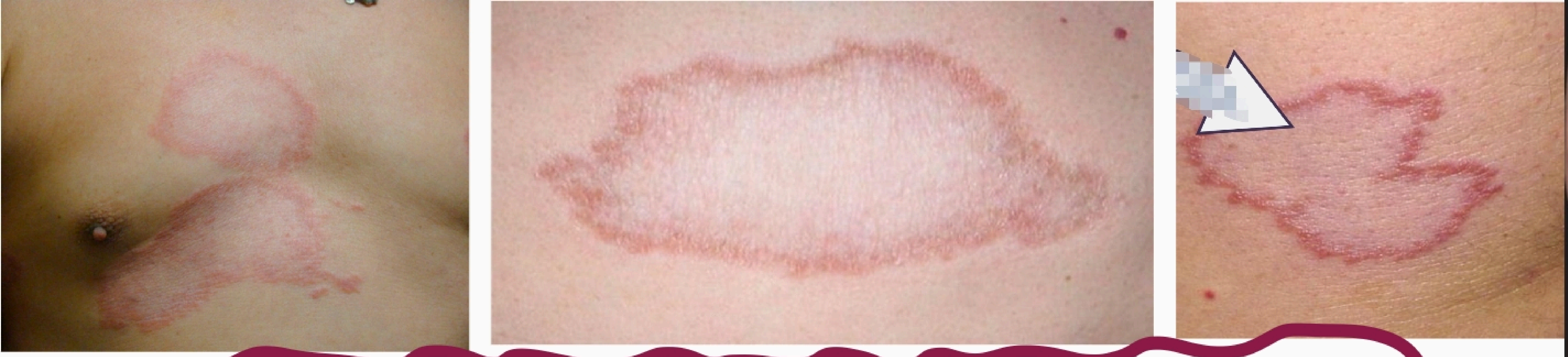
* *Cutaneous Tuberculosis "TB of Skin"*

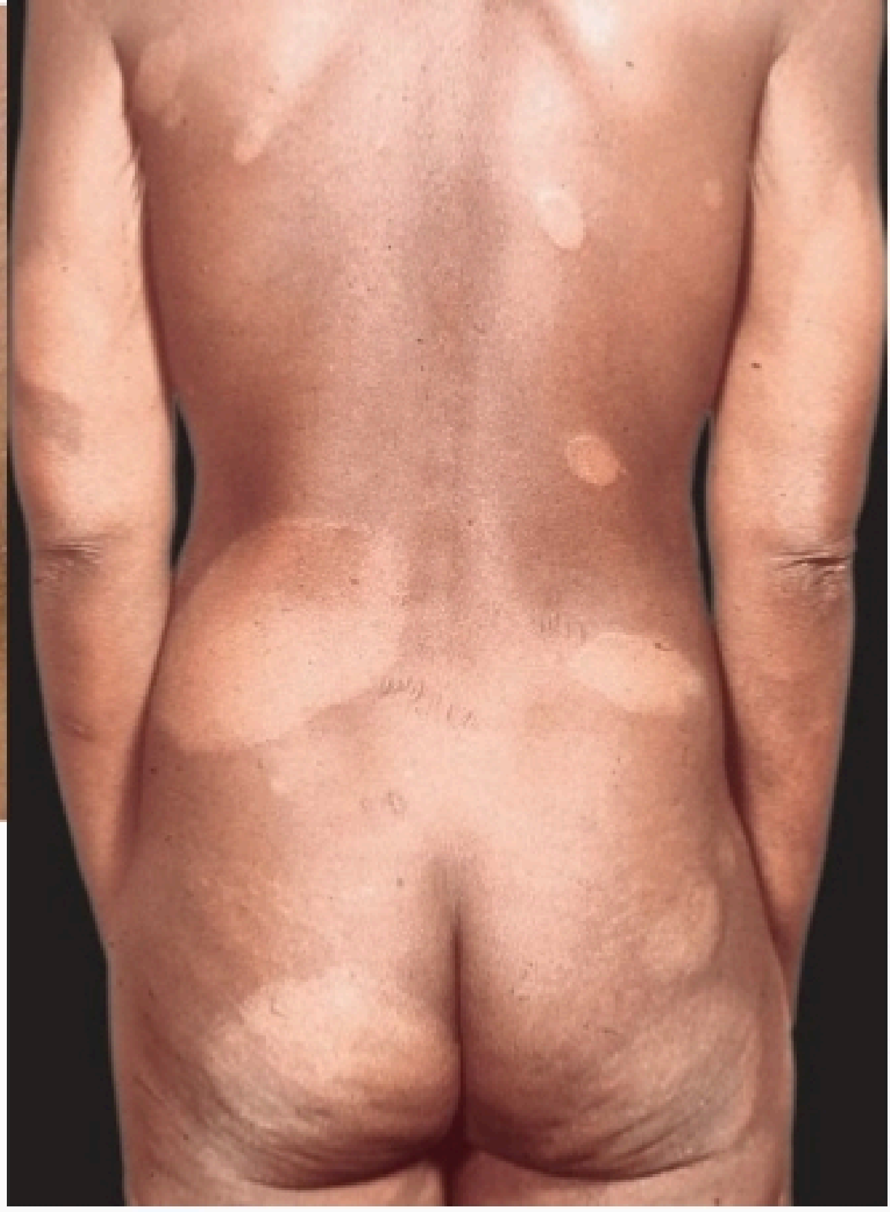
1- Lupus Vulgaris	الخنزيرة *2- Scrofula* = scrofulederma	*3- Warty TB*
- ***Commonest*** TB of the Skin affect Exposed Parts as Face. - **C\P:** Papule or Nodule Slowly increase in Size with **"Apple Jelly Color"** Healing by ***Scar***. **Treatment:** First Remove the Scar Because it is ***Pre-Malignant*** Lesion. - Give Anti TB Drugs for **9** Months.	- Swelling of Lymph Nodes With ***Sinus*** Opening, Discharging Pus. - Usually in the Neck. **Treatment:** First Remove Lymph Nodes. - Give Anti TB Drugs for **9** Months.	- Painless, Warty Papule or Plaque Slowly Increase in Size, May Bleeds, Healing by ***Scar***. - Affects anywhere of the body But Commonly in Hands & Fingers.



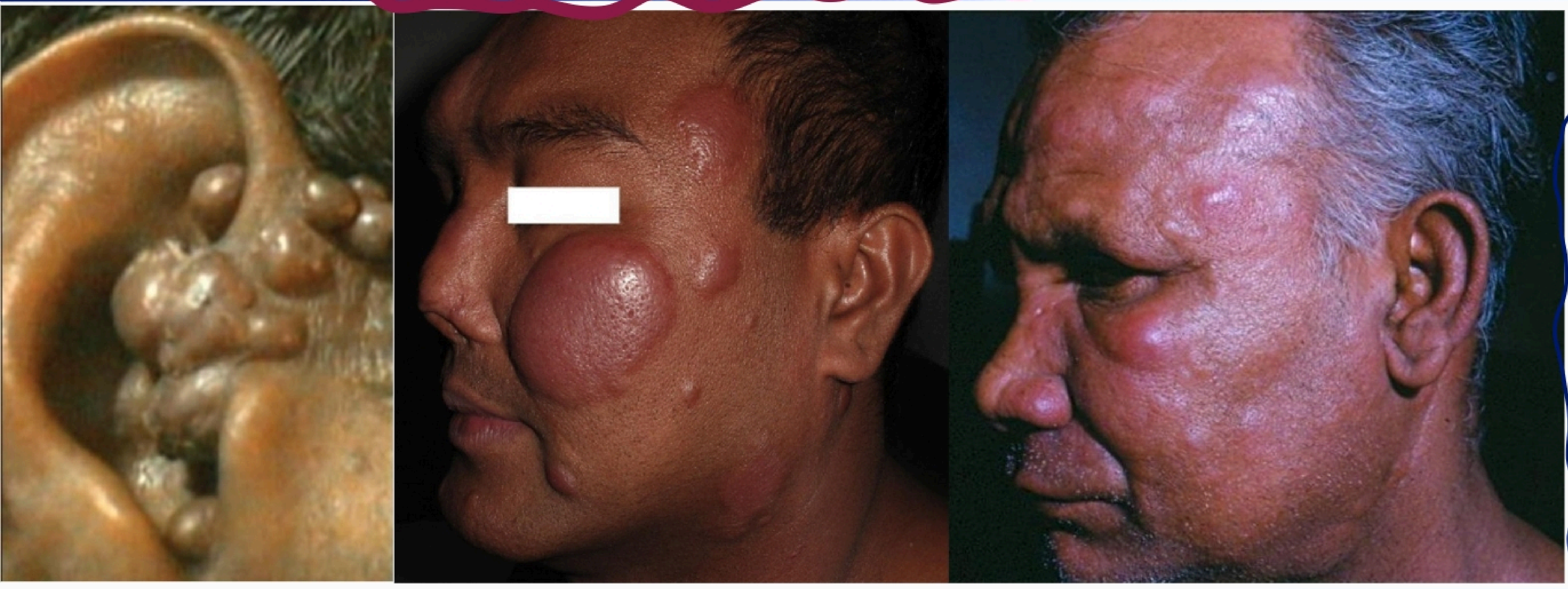




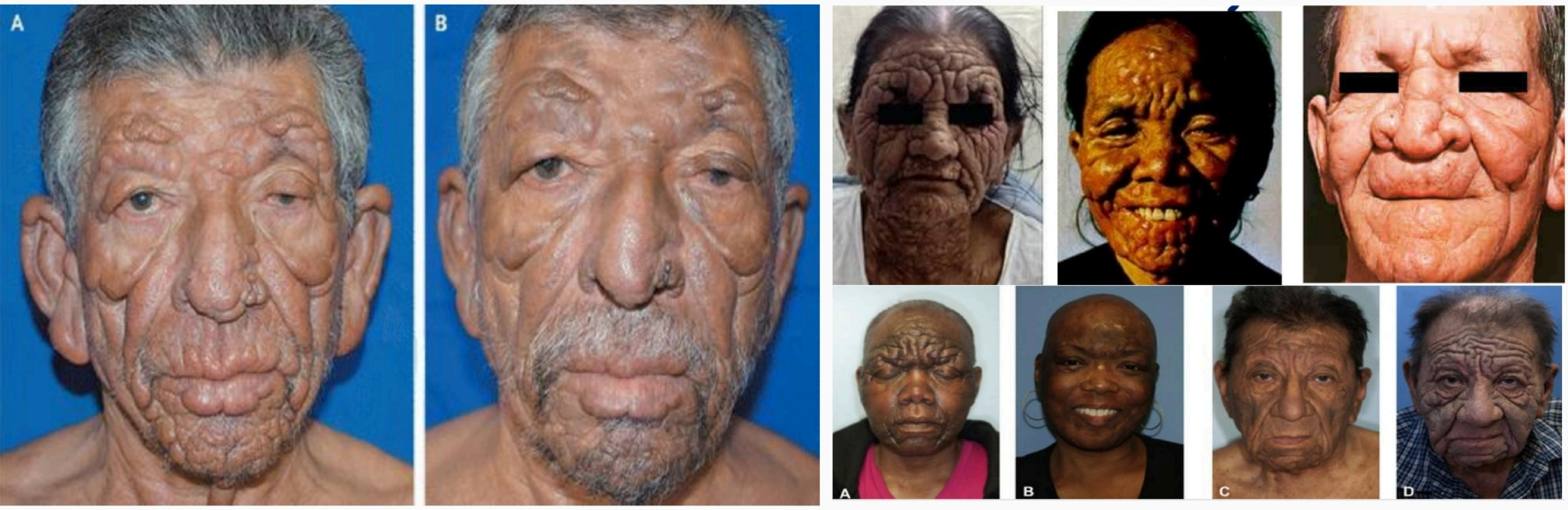




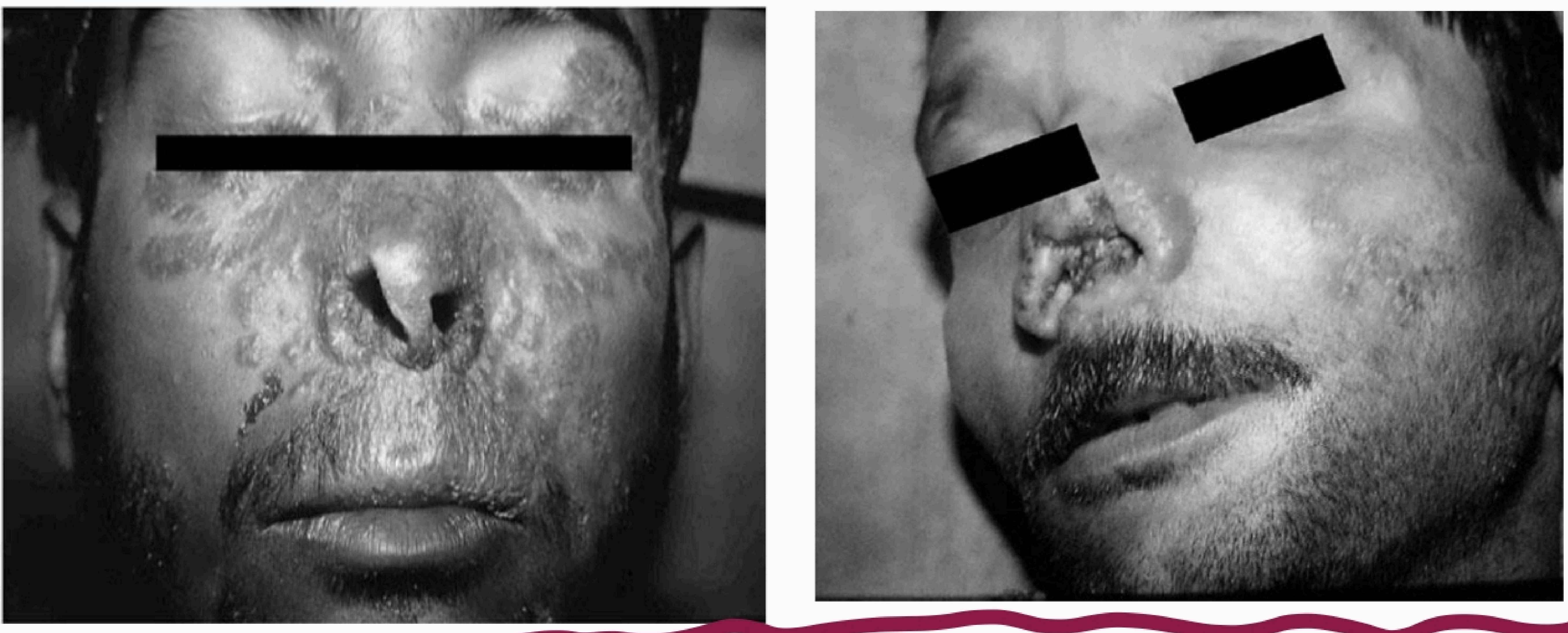
Tuberculoid leprosy



Diffuse Nodular Involvement of the face

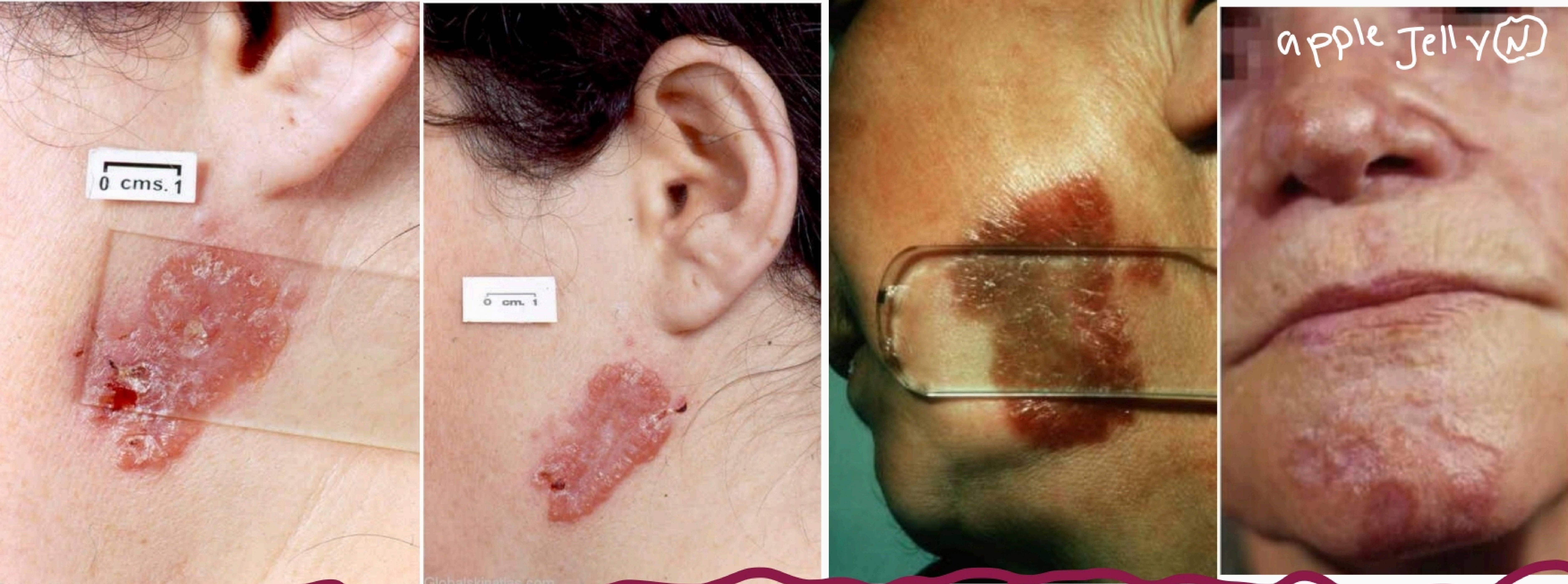


Leonine face

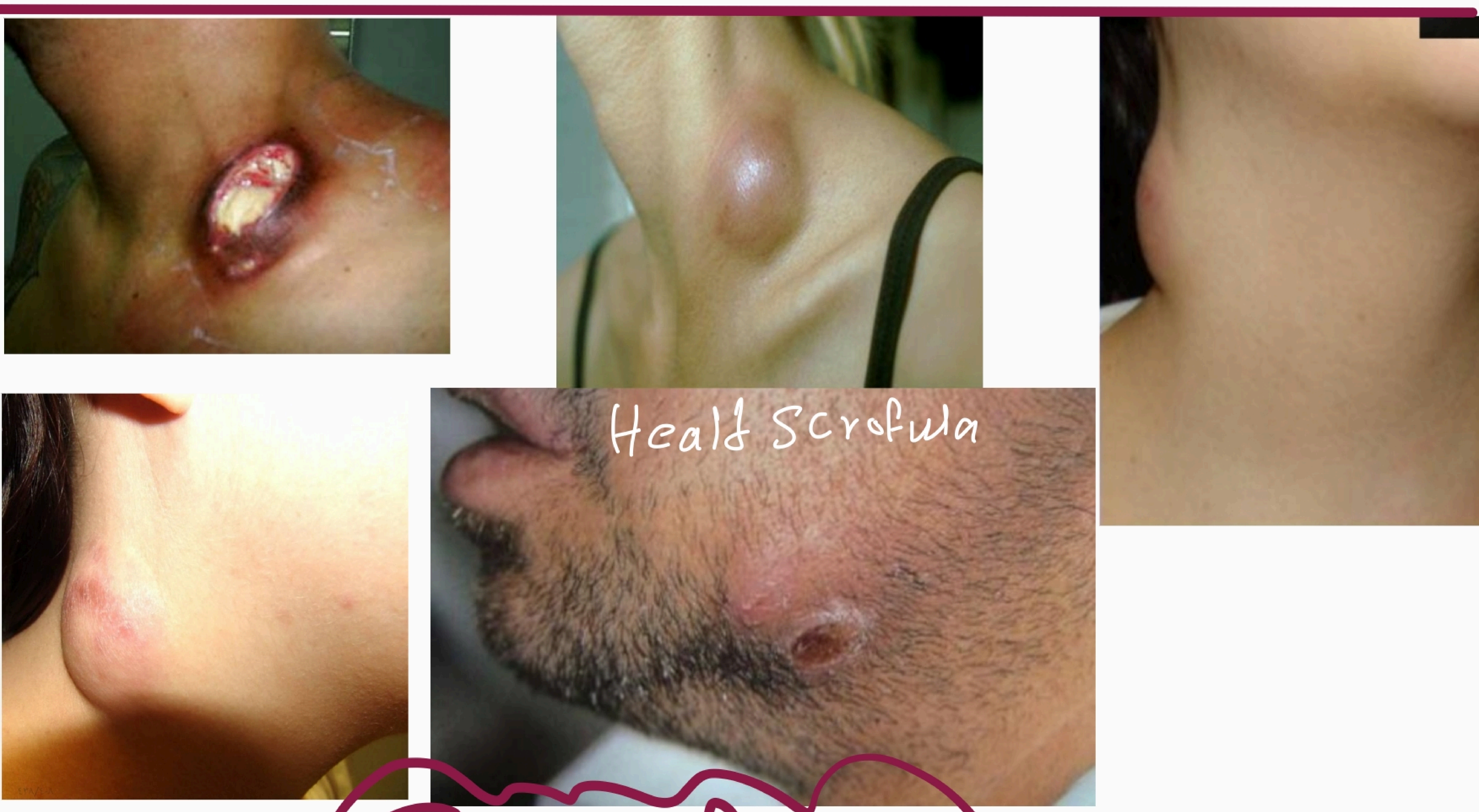


Nasal Septum Destruction

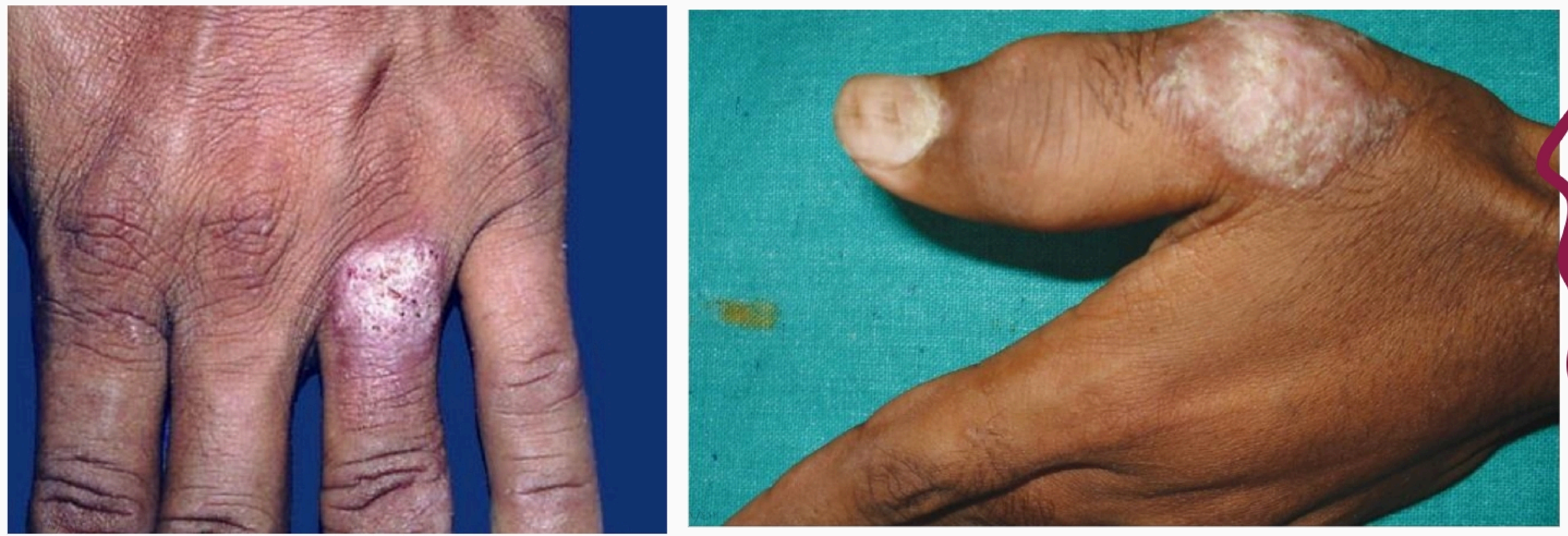
Lepromatous leprosy


0 cms. 1
0 cm. 1
apple Jelly (N)

Lupus vulgaris "Apple Jelly Color


Heald Scrofula

Scrofula.



warty T.B

***Sexual Transmitted Disease* (STD) “VENEREAL DISEASE”**

Caused by; Bacterial, Viral, Parasitic, Fungal.

Bacterial Sexual Transmitted Diseases are:

Genito-Ulcerative Bacterial Diseases	Urethral Discharge Bacterial Diseases
1. Syphilis; Caused by → Treponema Pallidum. **2. Chancroid;** Caused by → Haemophilus Ducreyi. **3. Lympho-Granuloma Venerium;** Caused by → Chlamydia Trachomatis.	**1. Gonorrhea;** Caused by → Neisseria Gonorrhea. **2. Non gonorrheal Urethritis;** Caused by → Chlamydia & Mycoplasma.

Viral Sexual Transmitted Diseases are:

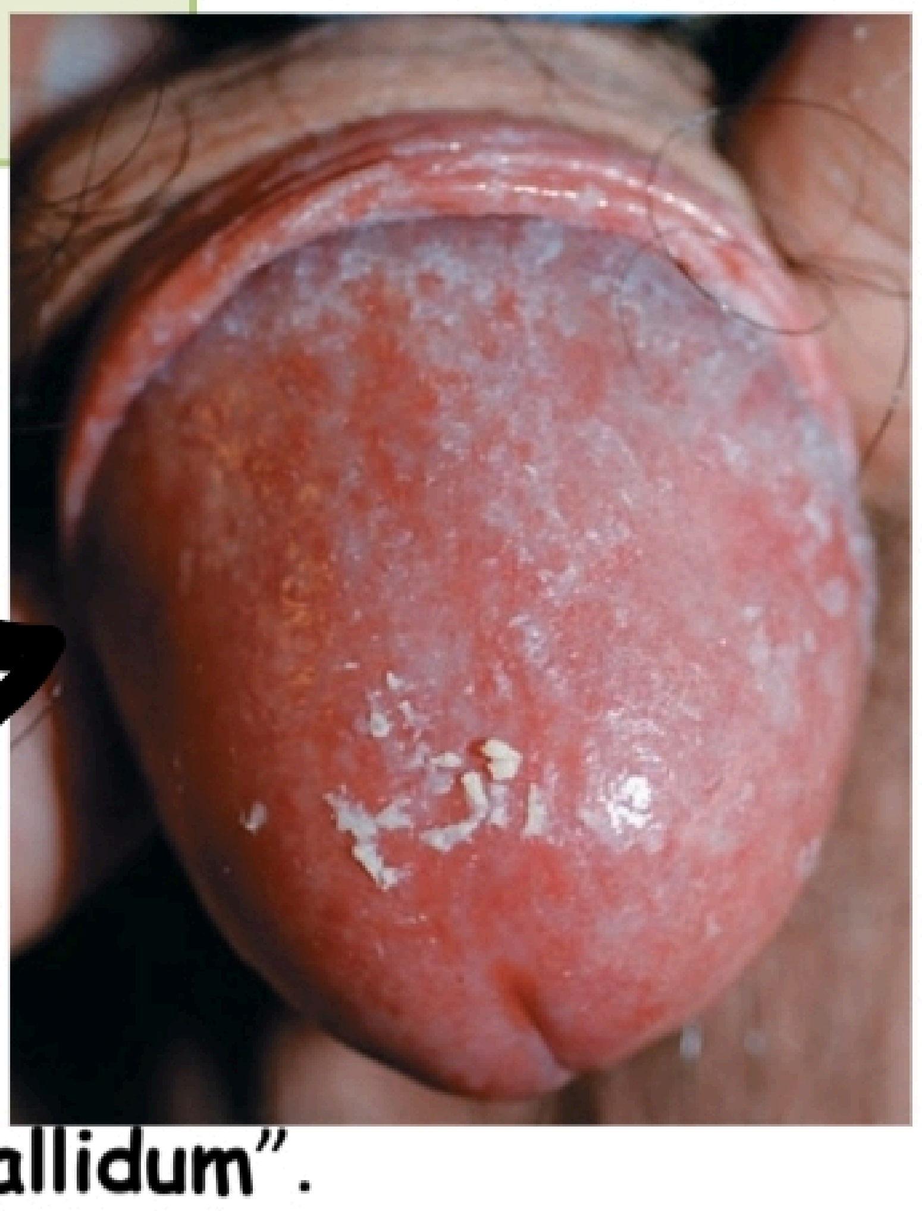
1. Genital Herpes; Caused by → **H**erpes **S**implex **V**irus **Type2.**
2. Genital Wart “Comdylomata Accuminata” Caused by → **H**uman **P**apilloma **V**irus.
3. AIDS; Caused by → **H**uman **I**mmune Deficiency **V**irus ***“HIV”.***
4. Molluscum Contagiosum; Caused by → Pox Virus.

Parasitic Sexual Transmitted Diseases are:

1. Scabies; Caused by → Sarcoptes Scabie Mite.
2. Pediculosis Pubis; Caused by → Pubic Louse.
3. Trichomoniasis; Caused by → Trichomonas Vaginalis.

Fungal Sexual Transmitted Disease is:

Genital Candidiasis; Caused by → Candida Albicans.

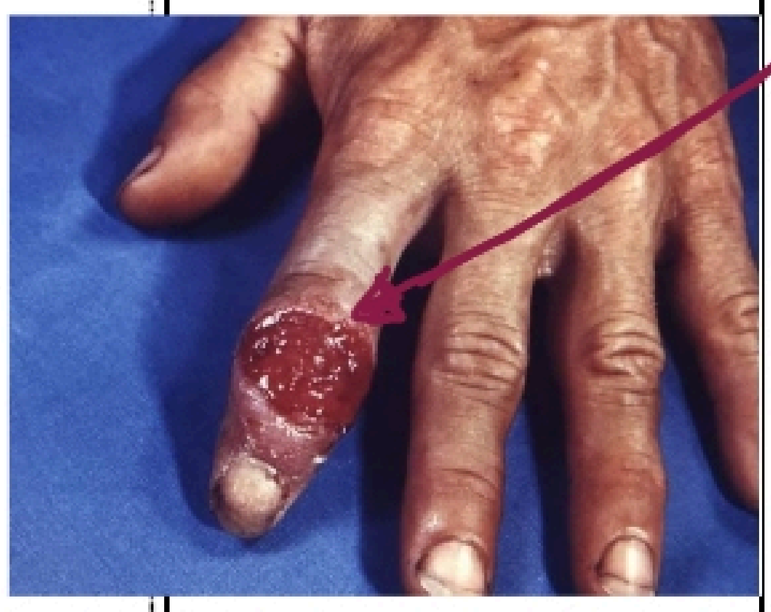
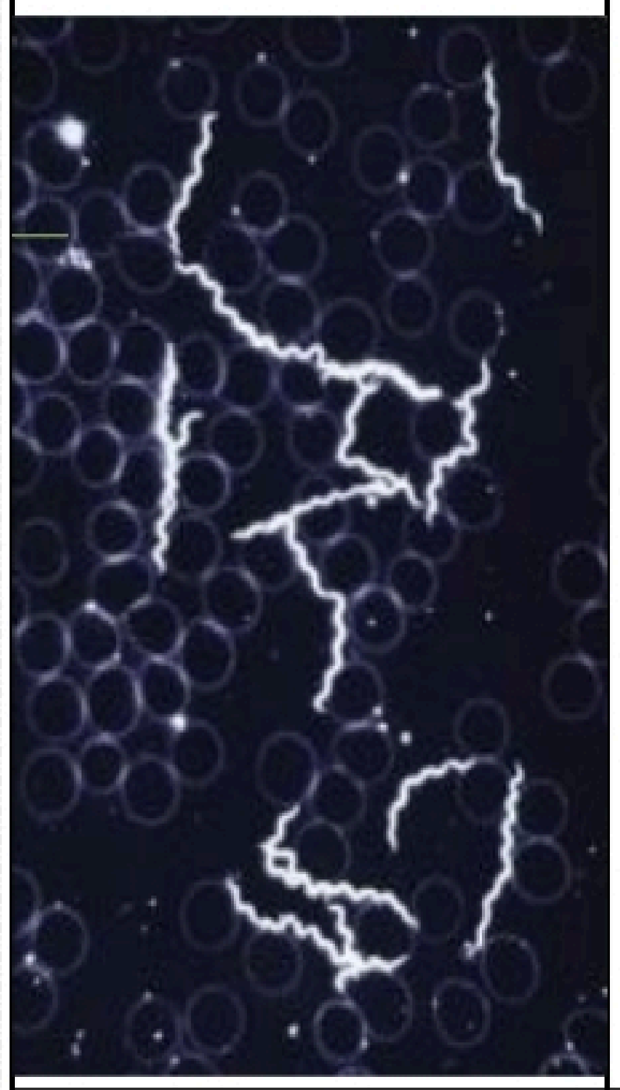


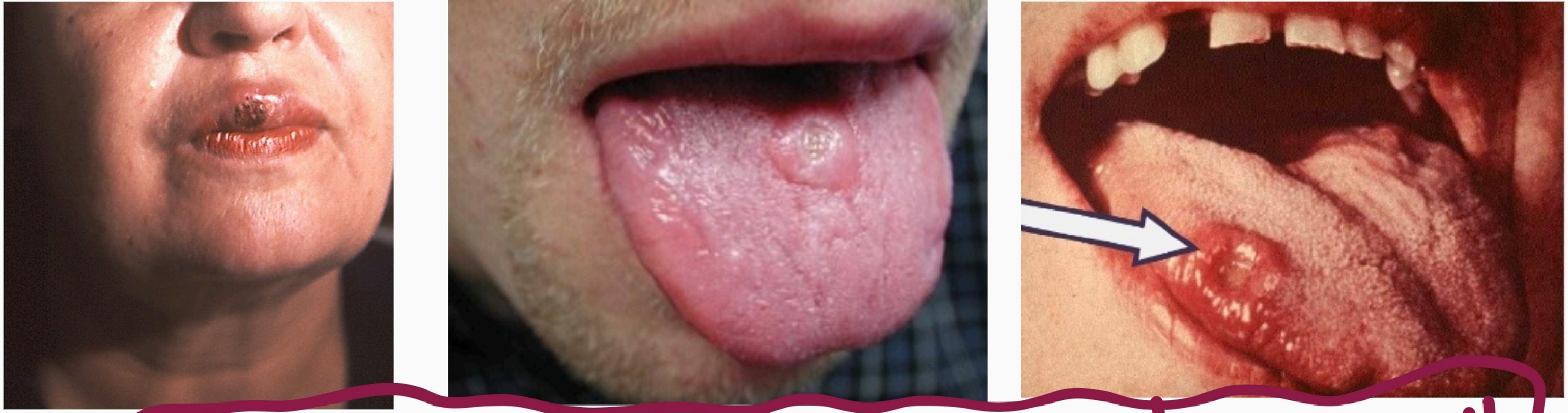
* ***Syphilis***

It is Bacterial infection Caused by Spirochetes Bacteria Called “**Treponema Pallidum**”.

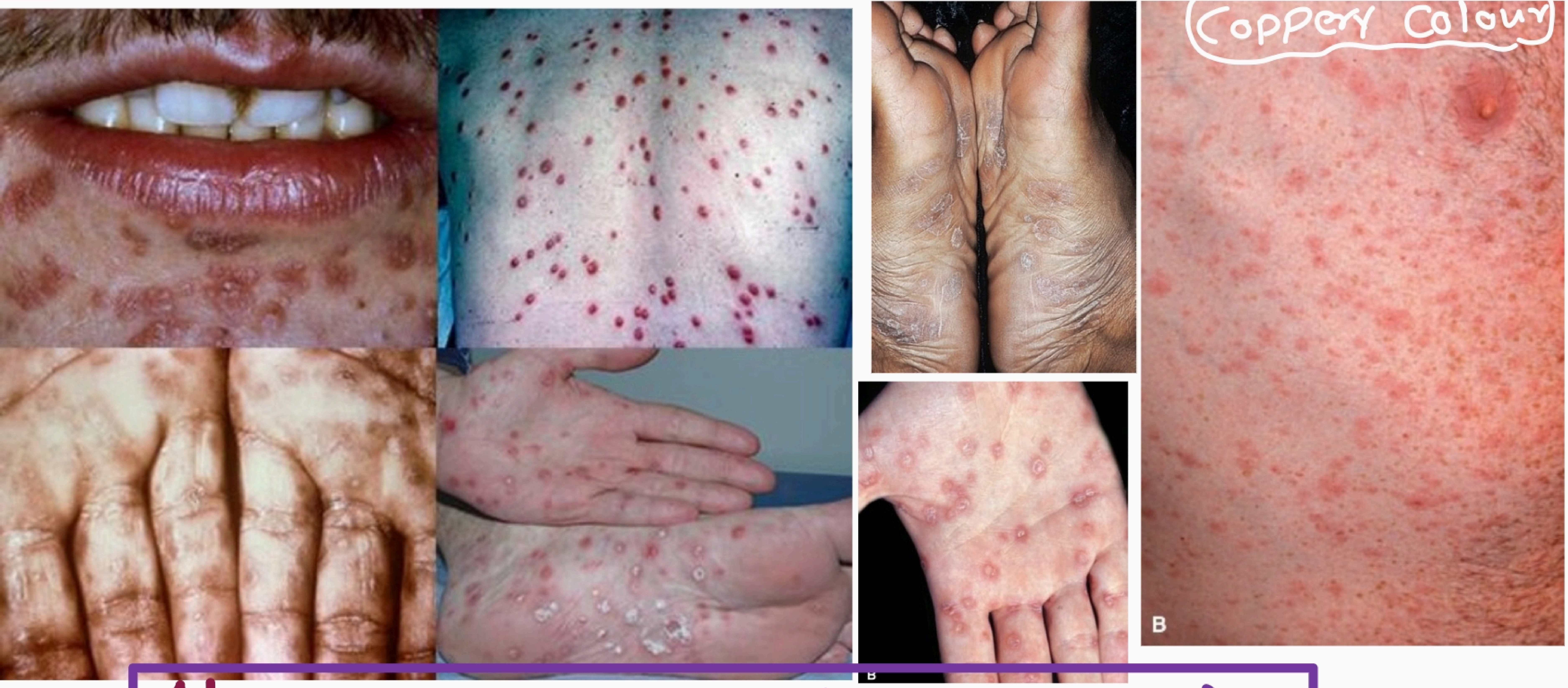
- **Clinical Picture**: Divided into **3** Stages;

1- Primary Stage, **(Chancer).**
2- Secondary Stage, **(Condylomata Lata).**
3- Tertiary Stage, **(Gumma).**

	Primary stage (Chancer)	***Secondary Stage***	***Tertiary Stage (Gumma)***
Definition	- Occur at Site of Entry of Organism. - **Chancer** will appear between; **9** Days and **90** Days "**3 Months**".	- Start after One Months or Two Months may with or without Chancer. - It is Due to Travel and **Multiplication** of Bacteria in **Blood**.	- It appears within ***2*** Years from appearing of Chancer. - It is Due to **Allergic** Response to Organism.
Clinical picture 	- Start with Papule or Nodule Covered by Thin Skin, and then become Ulcer. - The Ulcer is Single, Painless, Indurated base, ← as the cartilage / or Hard as the bone ***Highly Contagious***. ← The bacteria lives in the ulcer Also → Enlargement of Lymph Nodes (Firm, Painless, Mobile) **Common Sites of Chancer**; Genitalia, Breast, Knee, index finger→ (can be Painful). - Healing Spontaneously Within ***2-6*** Weeks.	**1.** Generalized Erythematous Maculo-Papular Rash, Symmertical, Not itching, Brown Red "***Coppery Color***". - Commonly affect Trunk, Extremities, Palm, Sole. **2.** Some of Papules will be Enlarge in to Pink, Flat Toped Plaque Called; **Condylomata Lata**, (*Pathognomic*). **3.** Non Scaring Alopecia Called ***Moth eaten Alopecia***. منتفة تشتيت تشبه للحشرة التي تأتي من أوراق الشجر **4.** Painless, Grayish White, Patch in Mucous Membrane Covered by Necrotic membrane, Which May Slough Leaving Ulcer Called ***Snail Tract Ulcer***.	- ***Gumma in Skin***: It is Subcutaneous Lesion appear in form of Nodule or Grouped Nodules, that Ulcerate, (Nodulo-Ulcerative Syphilis). multipb painless - The Gummatous Ulcer Characterized by; Painless, Punched out Edges. Dirty floor with Necrotic Sloughs, **Not** Contagious, Heals with ***Atrophic Scar***. - Also Diffuse Reaction Occurs in **CVS** and **CNS**, (Neurosyphilis).
Diagnosis 	**1.** Dark Field Examination (***DFE***): **Diagnostic 100%**. "Take Smear, Put it on Slide without Stain, Condense lens and Close Light of Room; See → **Spiral** Shape Organisms with "**Rotator movement**". **2.** Serology **Not** Favor here; because **Ab** Takes **2** Weeks to appear ← in the blood	**1.** Serology: TPHA Test (Treponema Pallidum Haemo-Agglutination) **2.** **VDR**: (Venereal Disease Research laboratory).	**1.** Serology. **2.** Biopsy.
Treatment	Single Dose of ***Penzetine Penicillin 2.4 Mega unit IM.***	***Penzetine Penicillin 2.4 Mega unit IM*** \ One Weekly \ for 3 Weeks.	***Penzetine Penicillin 2.4 Mega unit IM*** \ One Weekly \ for 3 Weeks.
S\E of Penzetine Penicillin; Mild Fever + Rash + Headache + Joint Pain. *"*Result of Treponema Destruction"			

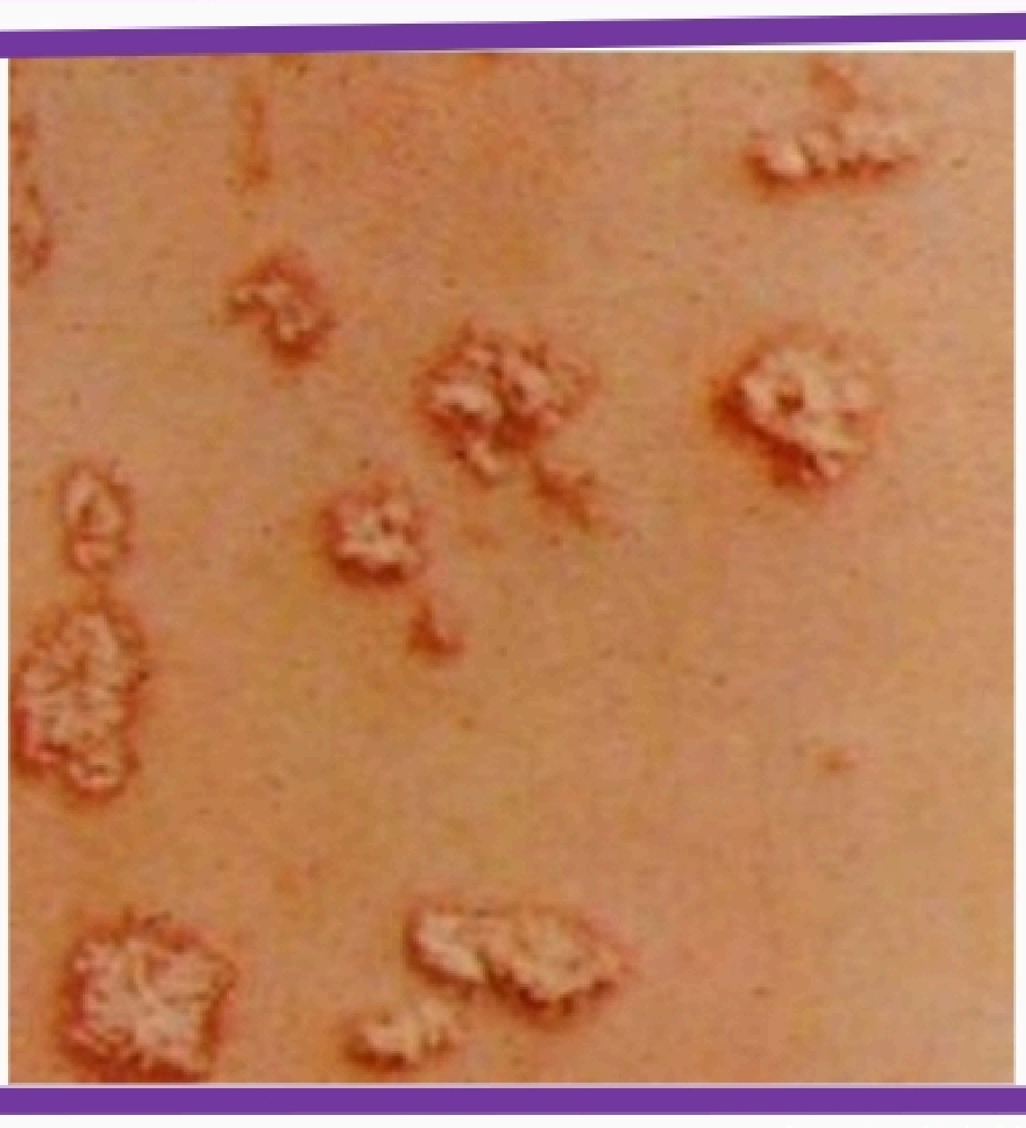


Primary syphilis "chancre"

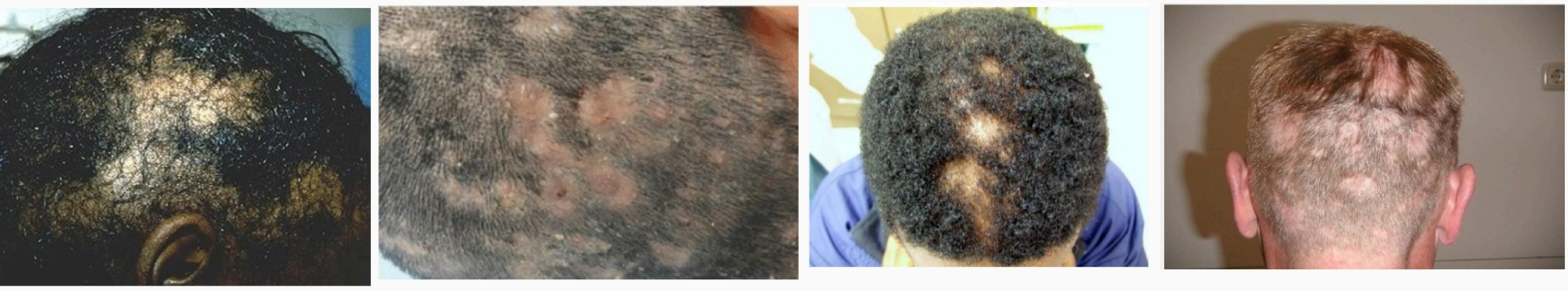

Coppery colour
B
B

1) muculo-papular rash

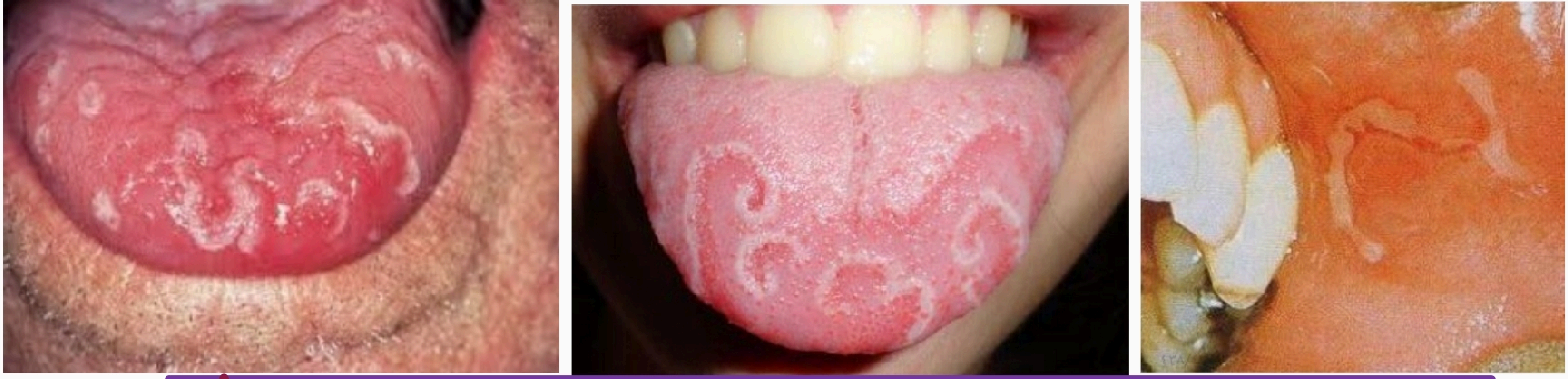
Zakarya



2) Condx'oma ** Lata

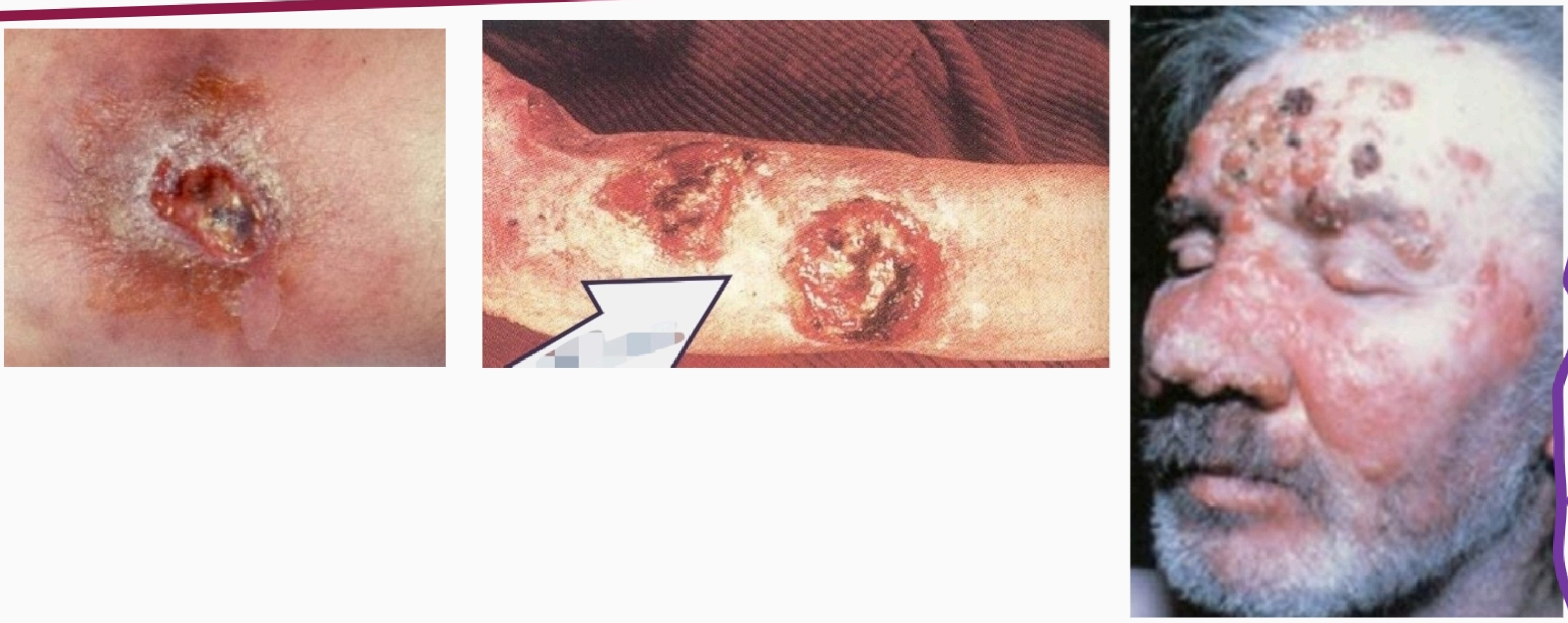


3) Moth Eaten Alopecia

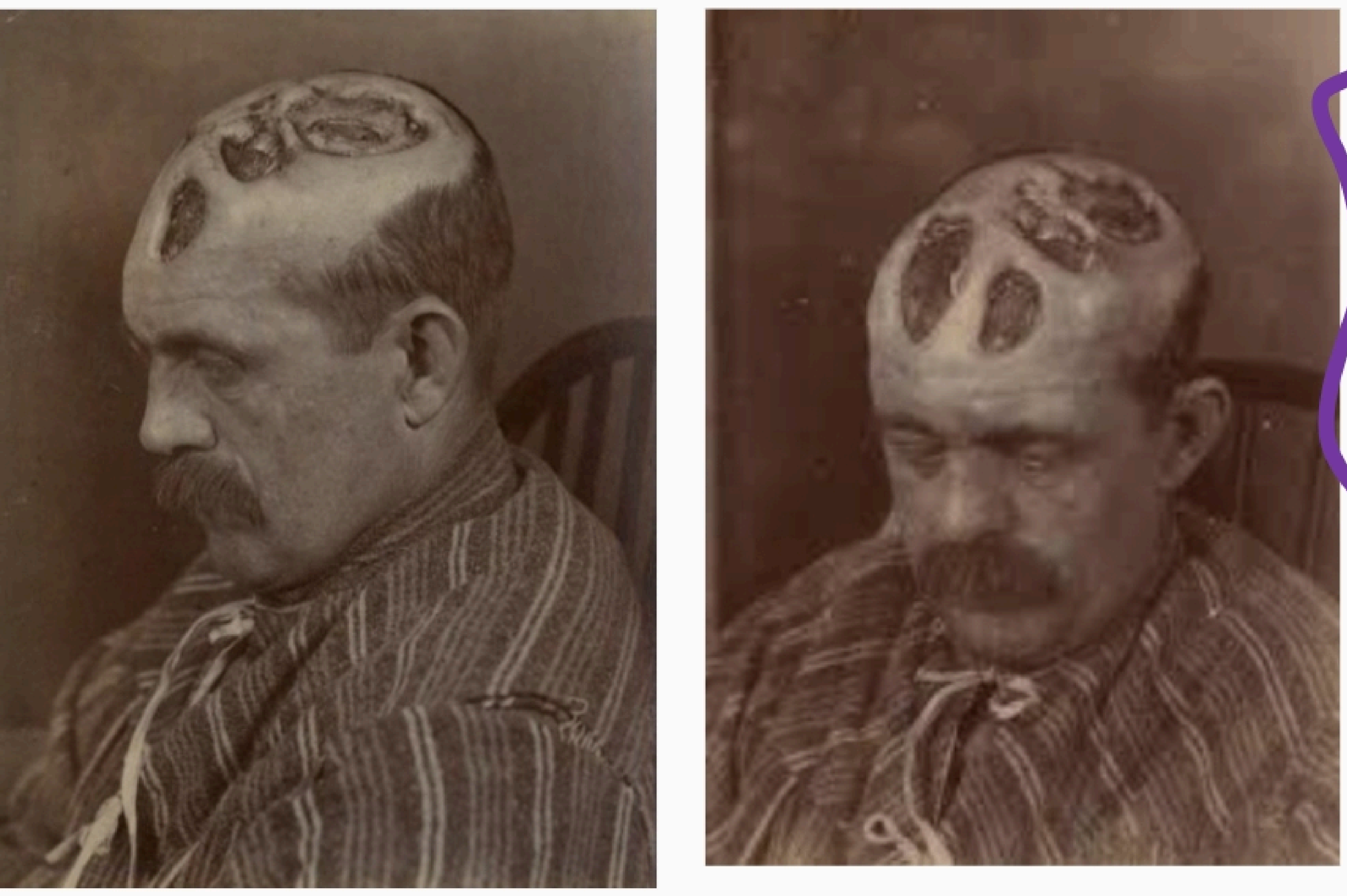


4 Snail Tract ulcer & Patch

1,2,3,4 - Secondary Syphilis

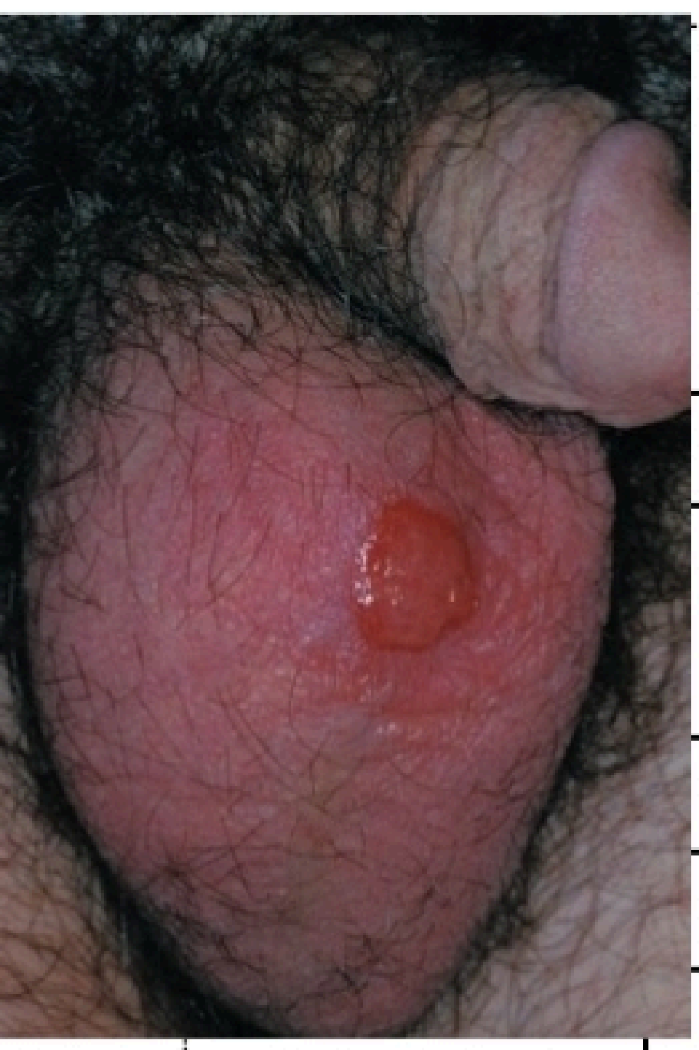


Skin Gumma



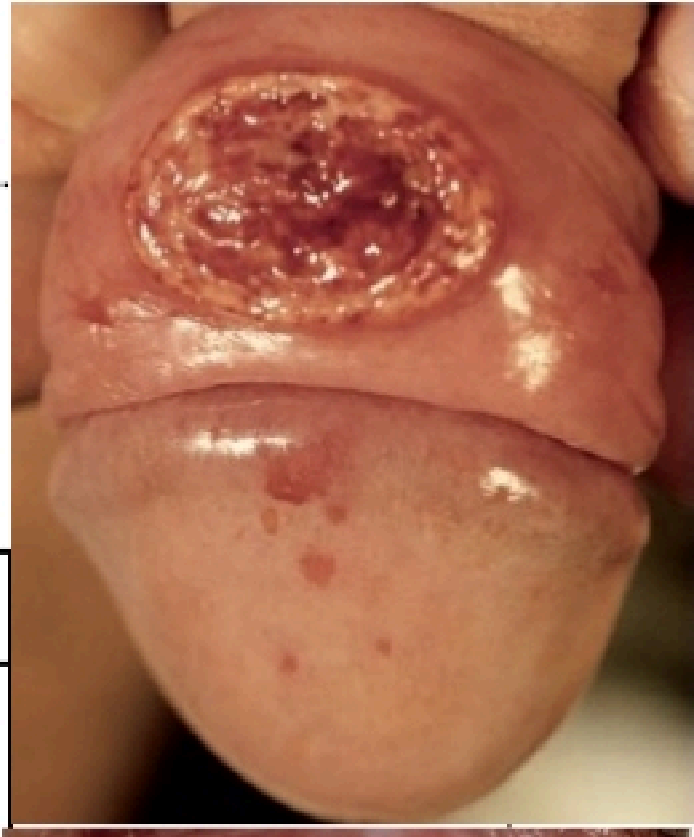
Gumma healed by Atrophic Scar

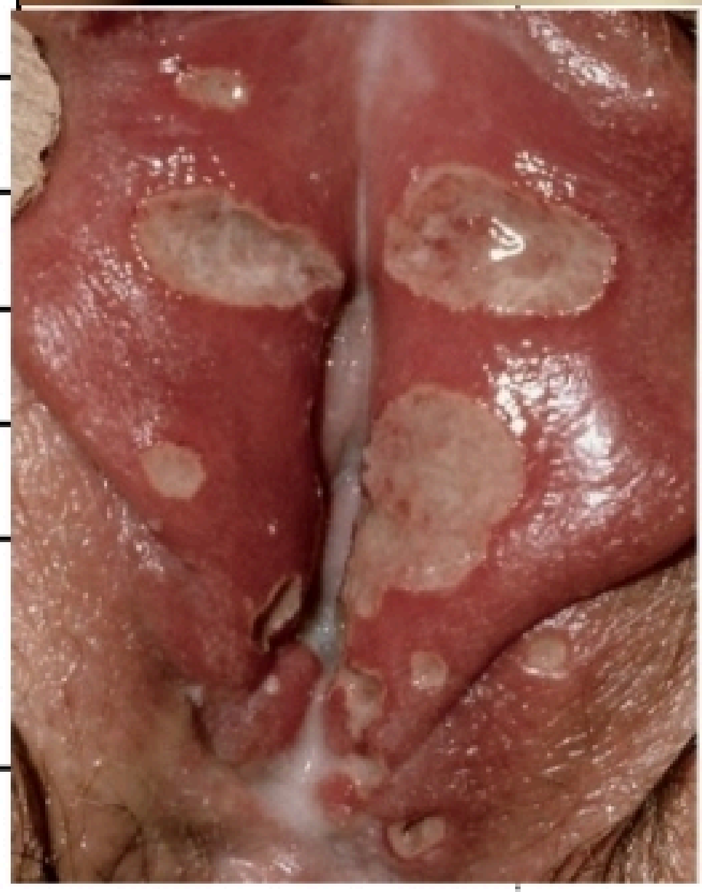
Tertiary Syphilis



عكس بعض

Chancer	Chancroid
Caused by; Treponema Pallidum.	**Caused by**; Haemophilus Ducreyi " Gram Negative Bacilli".
Long Incubation Period → **9-90** Days.	Short Incubation Period → **2-5** Days.
Single.	Multiple.
Painless.	Painful.
Hard.	Soft.
Penicillin is **D**rug **O**f **C**hoice.	Ciprofloxacin, Erythromycin, Cephalosporin (Penicillin is Not effective).





* *Gonorrhea*

It is Bacterial infection Caused by Neisseria Gonorrhea, (Gram Negative Diplo-Cocci).
Affect Male & Female. (***Male→ Urethra***, ***Female→ Cervix***).

- Clinical Picture:

Male:	*Female:*
Presented with Muco-Purulent or Purulent Urethral Discharge + Dysuria.	About **50-75%** Asymptomatic. Other Presented with Vaginal Discharge + Dysuria

Note: Adult Female Vagina **Not** affected; Because lined by Stratified **Squamous Epith**.
Female in Pre-Puberty Vagina Commonly affected; Because lined by **Columnar Epith**.

- Diagnosis:

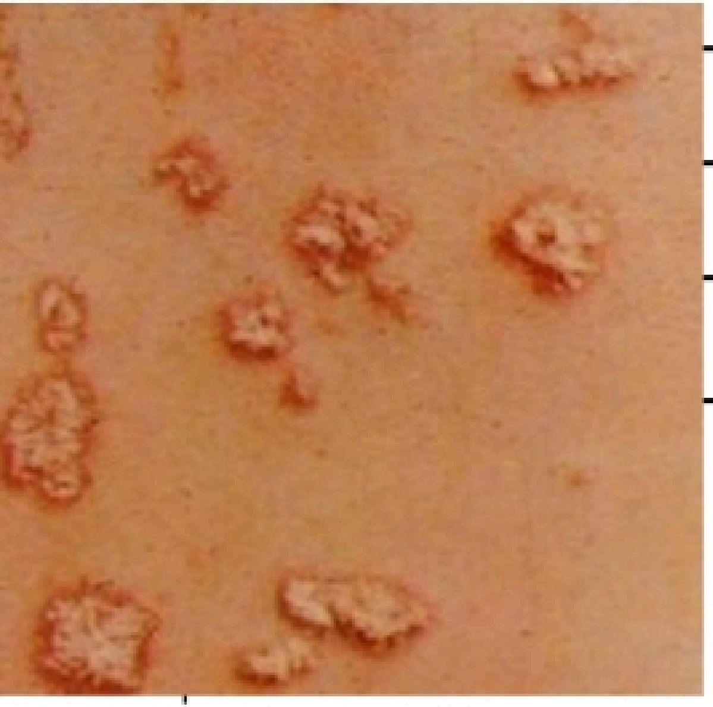
1- Gram Stain →Show **Intra-Cellular** Gram Negative Diplo-Cocci **inside** Neutrophils.
2- Culture: Put it in → Chocolate Agar → Shows Colonies of Organisms.

- Complication of Gonorrhea:

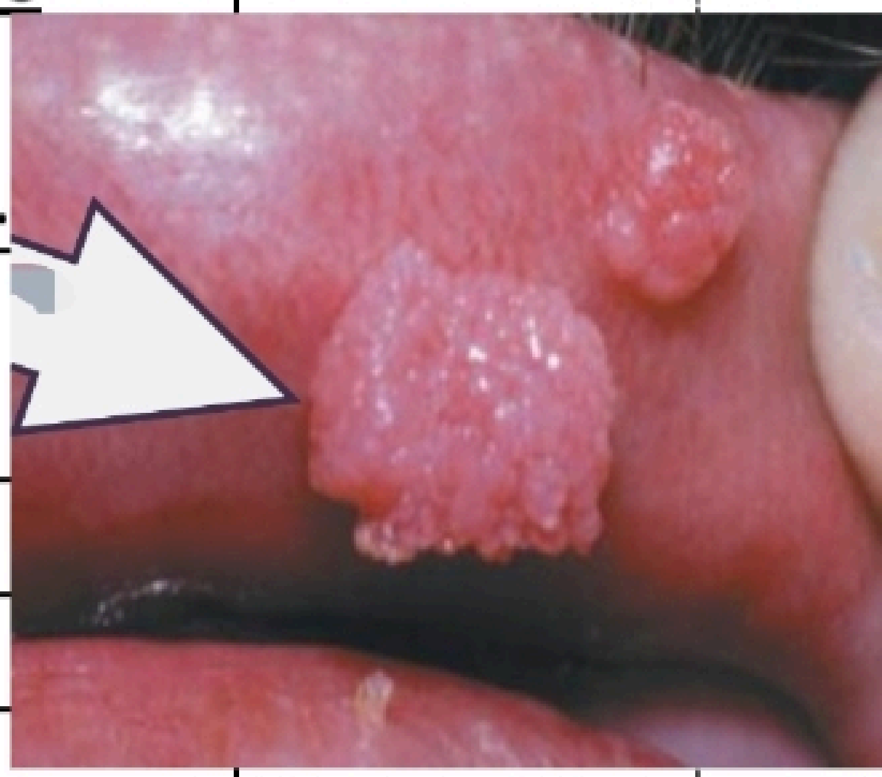
Pelvic Inflammatory Disease, Fibrosis & Adhesion of Fallopian Tube, Petitonitis.

- Treatment of Gonorrhea:

Single Dose of ***Ceftriaxone*** (***Rocephin***) \ ***IM 500mg.***



Condylomata Lata	Condylomata Acuminata
Caused by; Treponema Pallidum (Secondary Stage).	**Caused by**; Human Papilloma Virus (**6-11** are Most Common) (**16-18-31-33-35** Most Important).
Flat Surface Plaques or Papules with Sessile Base.	Pedunculated معاها رقبة
Hard Base	Soft Base
Bleeds Difficulty.	Bleeds Easley.
Not Pre-Cancerous.	Pre-Cancerous.
Treated with Penicillin.	**Treated** with Podophyllin, Cryotherapy.



Skin Tumors

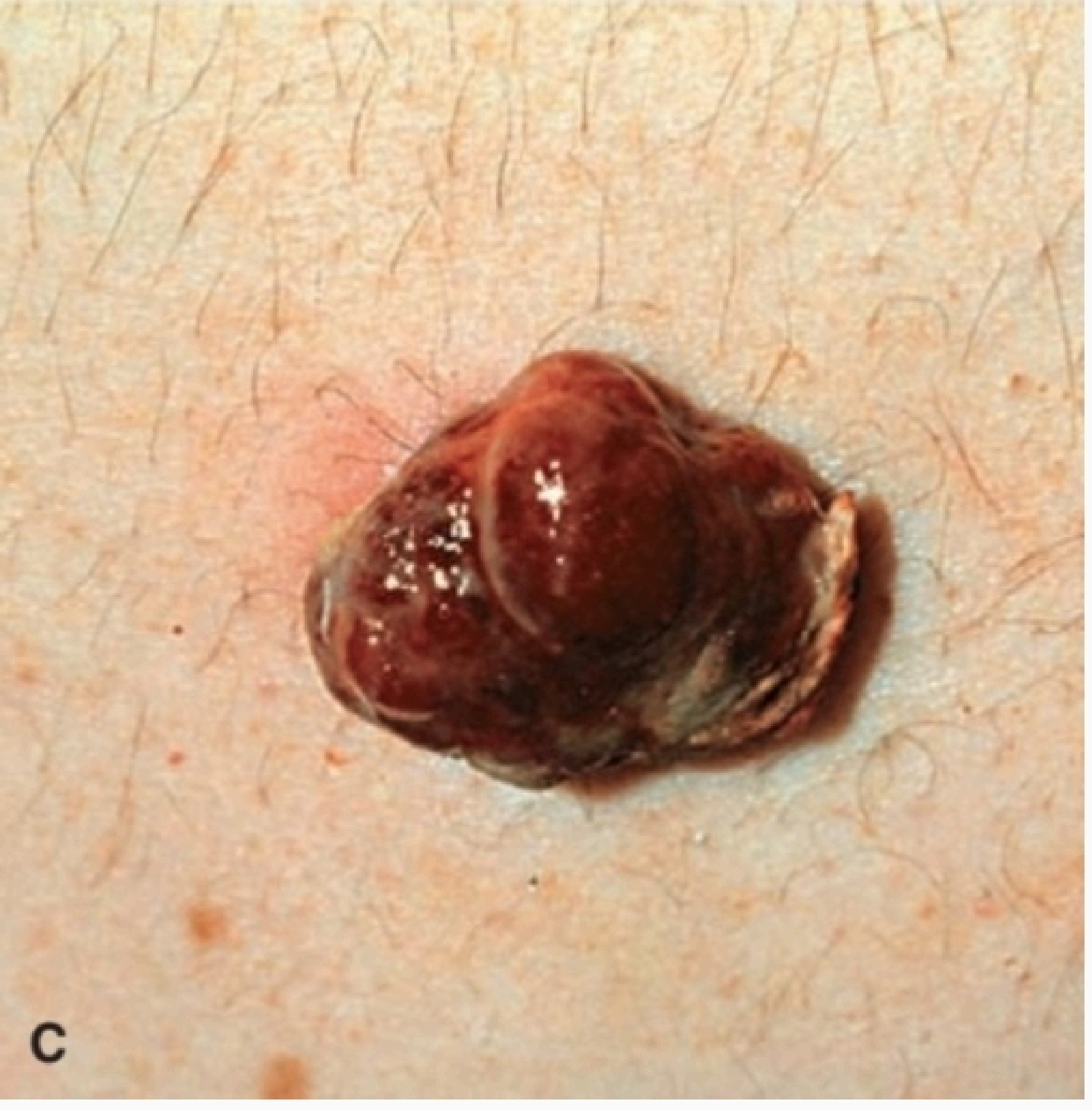
Benign Skin Tumors:	*Malignant Skin Tumors:*
1- Benign Melanoma.	**1-** Malignant Melanoma.
2- Basal Cell Papilloma.	**2-** Basal Cell Carcinoma.
3- Squamous Cell Papilloma.	**3-** Squamous Cell Carcinoma.

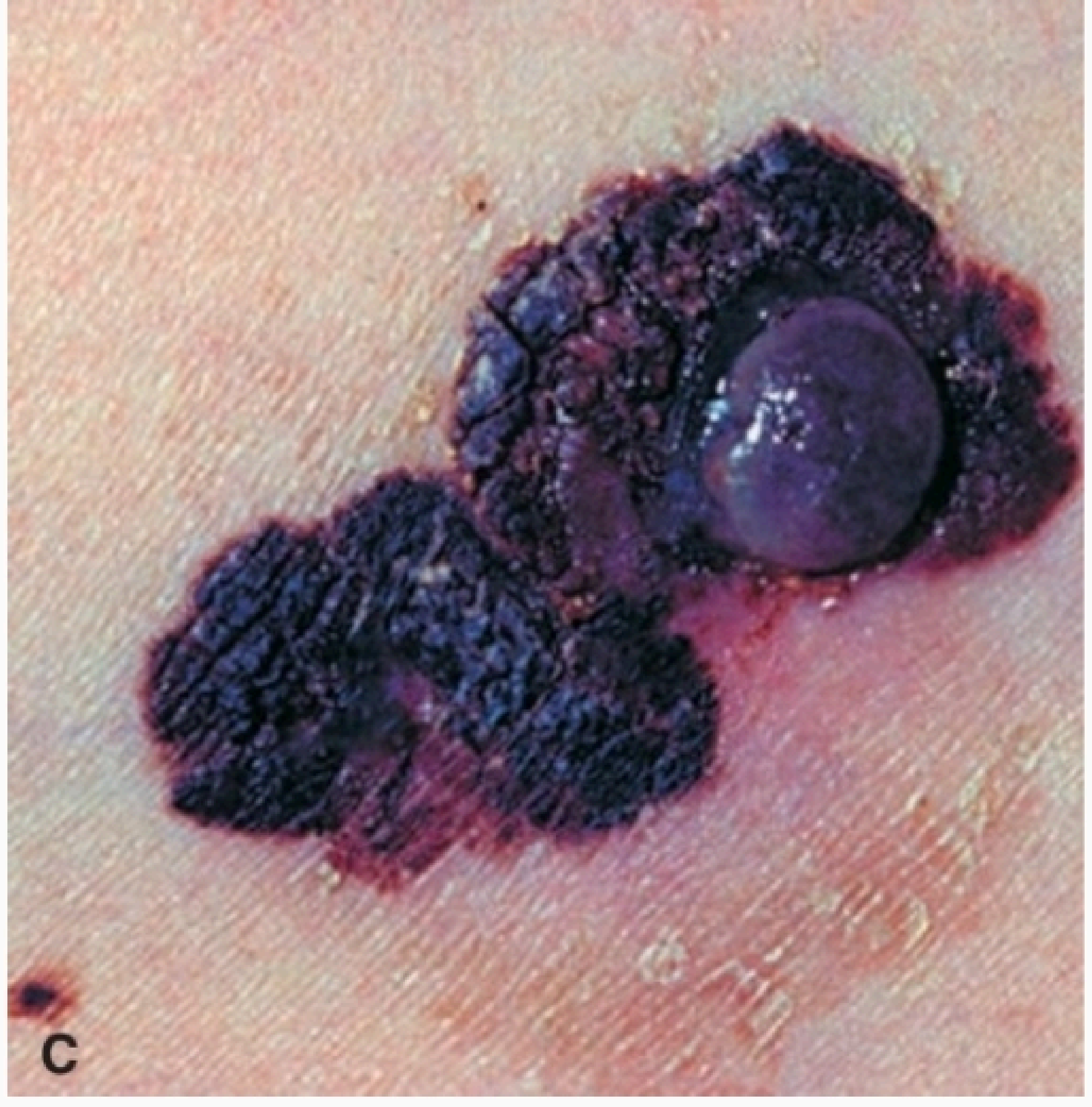
- **Malignant Tumors:**

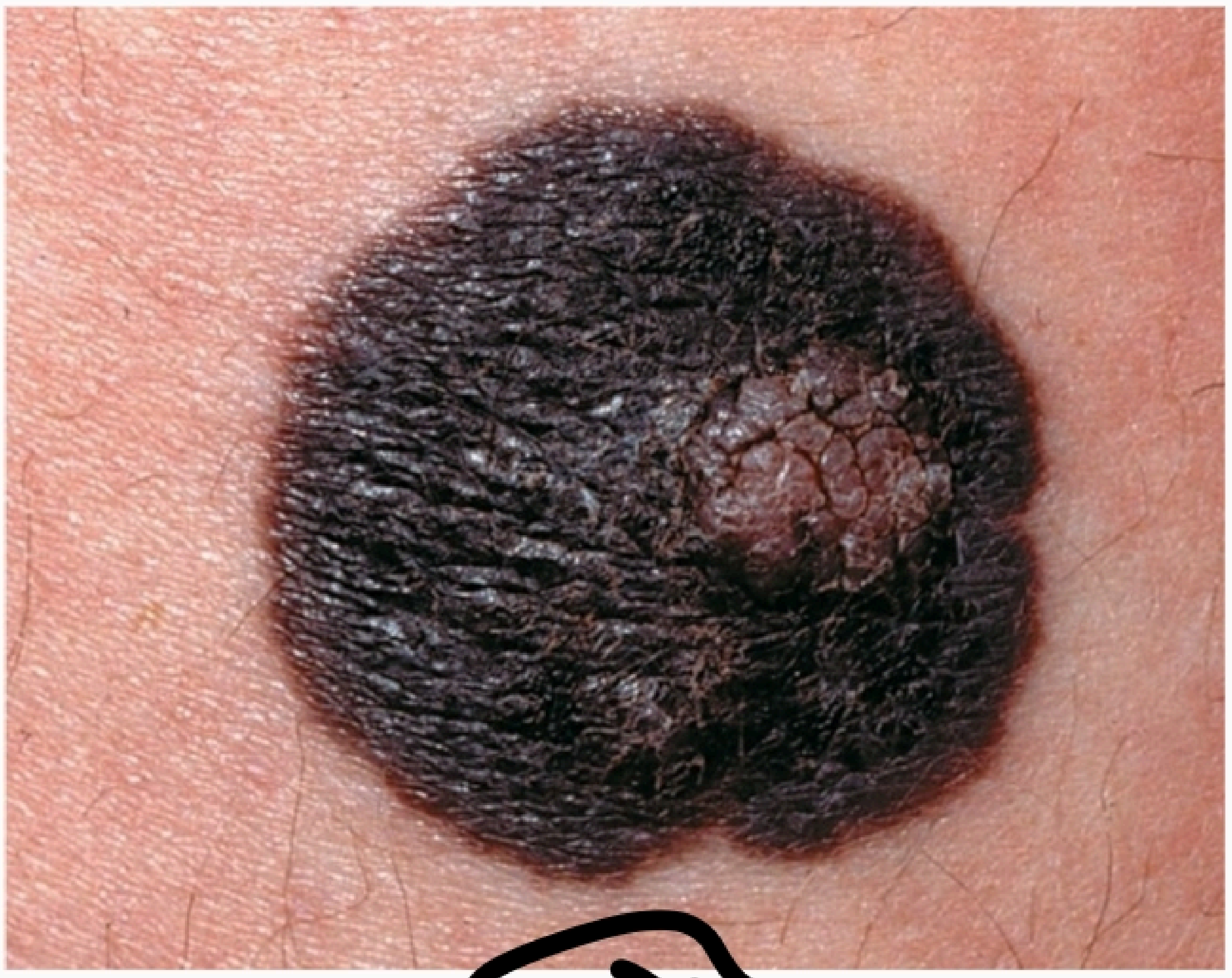
	Malignant Melanoma	*Basal Cell Carcinoma*	*Squamous Cell Carcinoma*
Definition	Malignant Tumor arises from Epidermal **Melanocyte**.	***Locally*** Malignant Tumor arises from **Basal Layer** of Epidermis.	Malignant Tumor arises from **Keratinocyte** of Epidermis.
Incidence	Commonest Skin Tumor Causing Death, Male > Female (30-60 Y)	**Commonest** Skin Tumor, Common in Male > 40 Years.	Less Common, Common in Male > 50 Years.
Predisposing Factors	-Sun Light; **Most Common** Cause. -Radiation. -Pigmented Skin Lesion as; **XP**. -Carcinogens as Tar, Wood Dust.	**Same**	**Same**
Pathology	-Affect any Part of the Body (Usually Face). -Can Spread into Surrounding also has Lymphatic Spread. -Blood Metastasis is **Very Rare**.	-**90%** in **Face** (above line Between Ear Lobule & Angle of the Mouth. -Spread **Only** to Surrounding Structures. ***No*** Blood or Lymph Metastasis.	-Common in **Sun Exposed area** as Dorsum of Hand, Neck, Arms, Upper Part of Face. -Spread to Surrounding & Lymphatic's. -Blood Metastasis is **Very Rare**.
Clinical Picture	Raised ,Expanding, Pigmented Skin Lesion. Hyper-pigmented	First comes as nodule Single Ulcer, Small, Oval, Rolled in Edges Called; ***Rodent Ulcer***, Floor Covered with Crust. Also SCC	Single Ulcer, large, Irregular, with Raised Everted Edges, Floor Covered with Necrotic Tissue. to Differentiat B/t SCC BCC
Diagnosis	Biopsy & Histopathology.	Biopsy Involving The Edges.	Biopsy Involving The Edges.
Treatment	-Surgical Excision with Wide Safe Margin (**5cm**). -Regional **L.N** Excision. -If Metastasis→Chemotherapy.	-Surgical Excision with Safe Margin (**> 2mm**). -Radiotherapy. -Cryotherapy or Curretage.	-Surgical Excision with Safe Margin (**1-2cm**). -Radiotherapy. -Cryotherapy or Curretage.
Prognosis	Bad Prognosis.	If Early; Cure Rate→ **100%**. Best prognosis	Cure Rate→ **90%**.

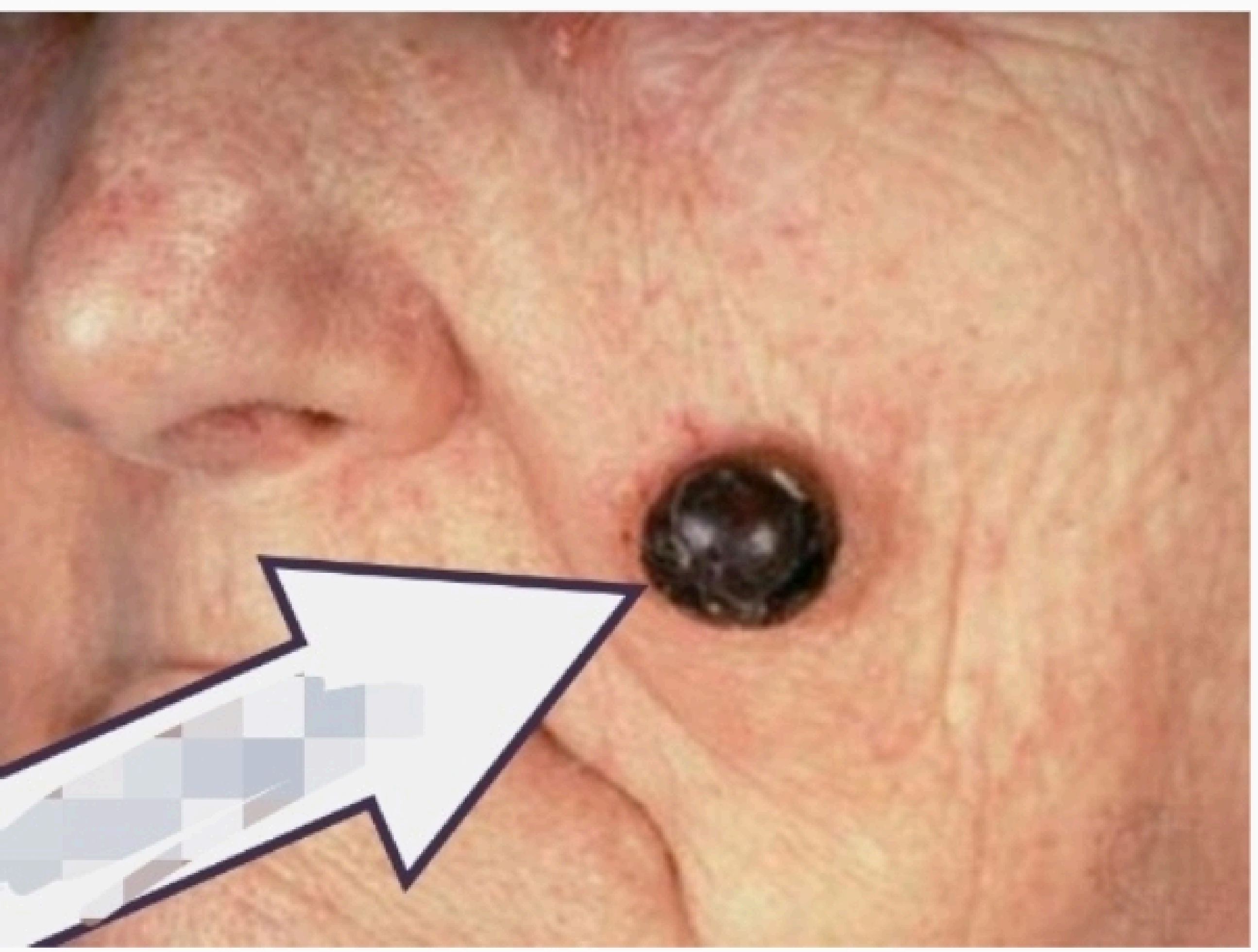
Criteria of Malignant Transformation of Benign Naevus:

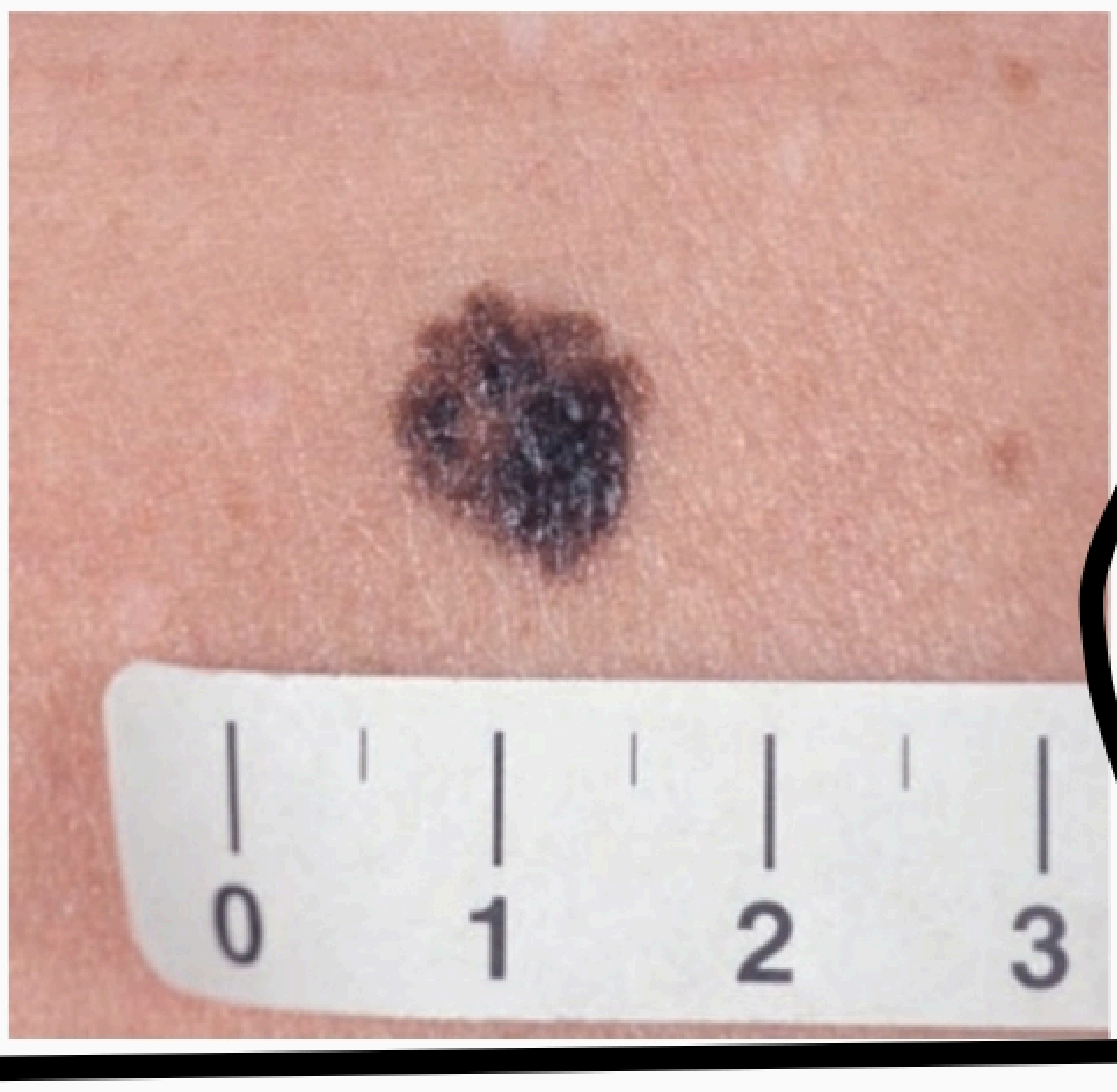
Major Criteria:	*Minor Criteria:*
1- Increase in Size > 5mm.	*1- Ulceration & Bleeding.*
2- Increase in Pigmentation.	*2- Becomes Painful & Indurated.*
3- Change in Shape.	*3- Hard Enlarged Lymph Node.*



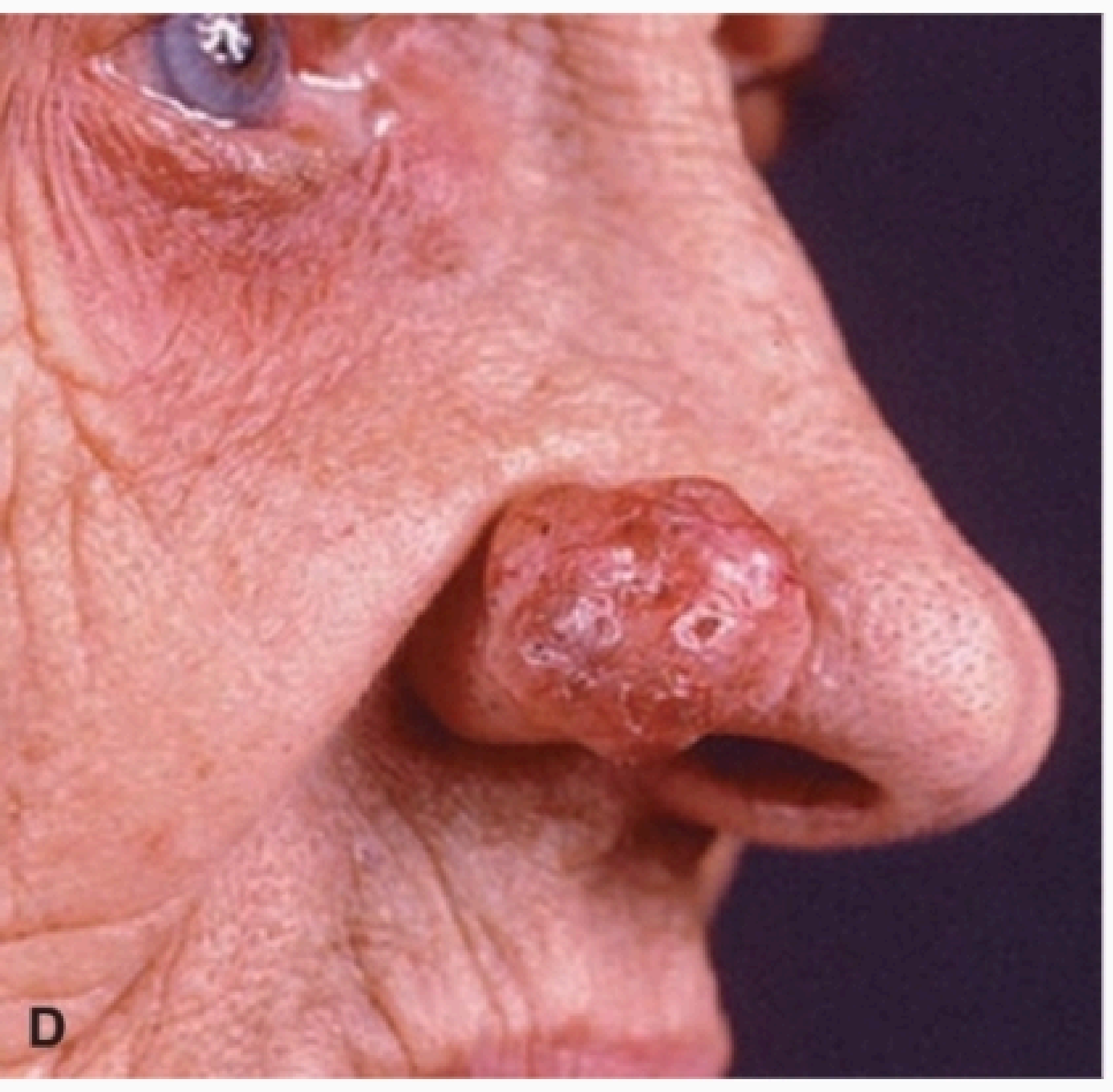


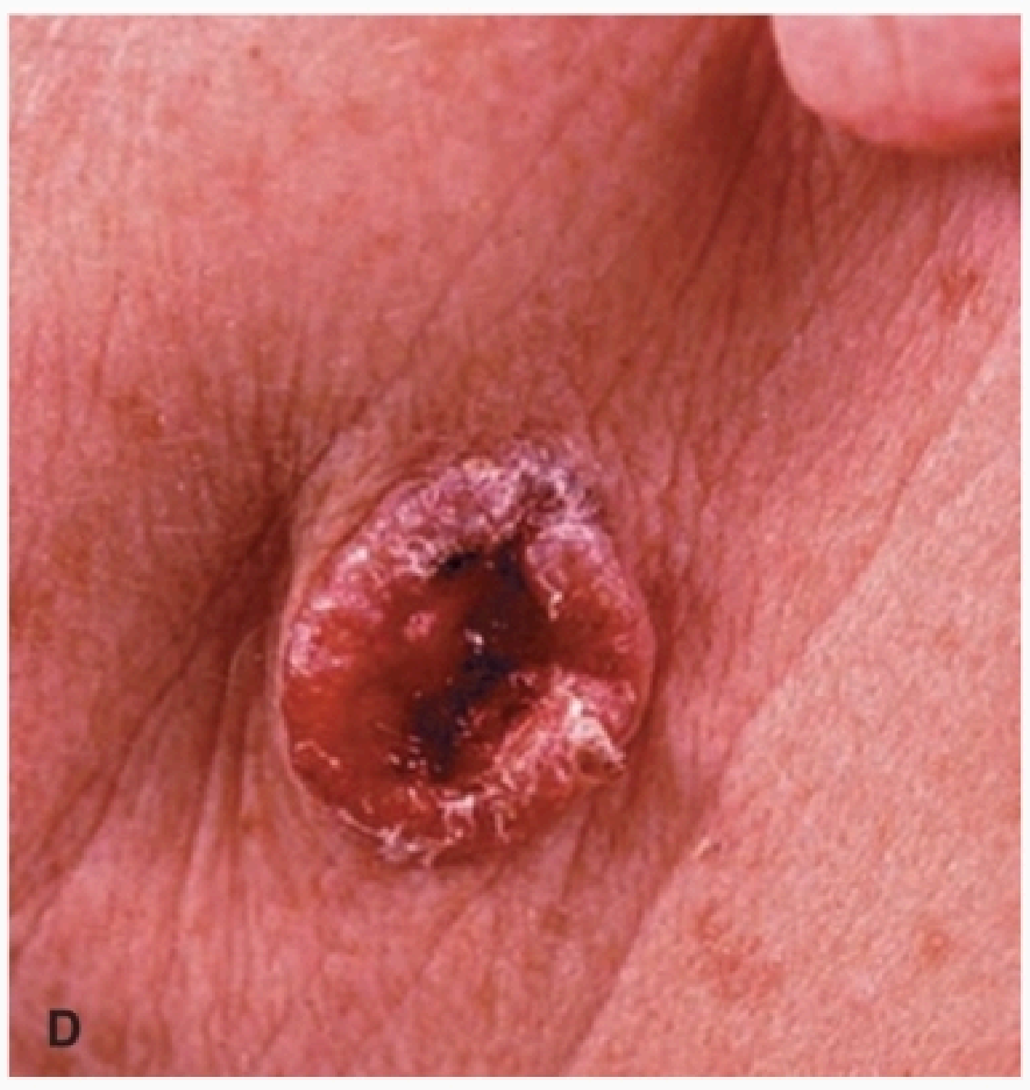


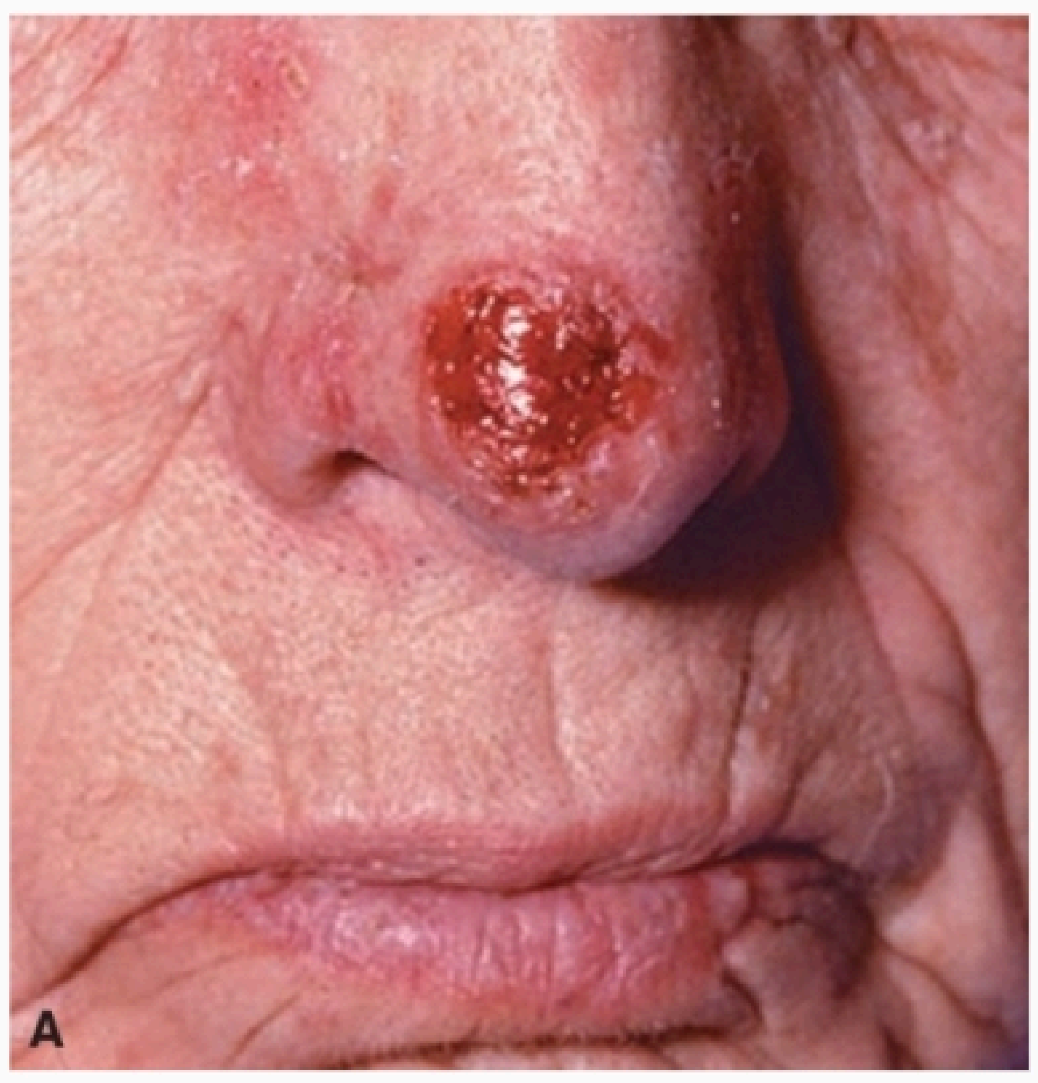


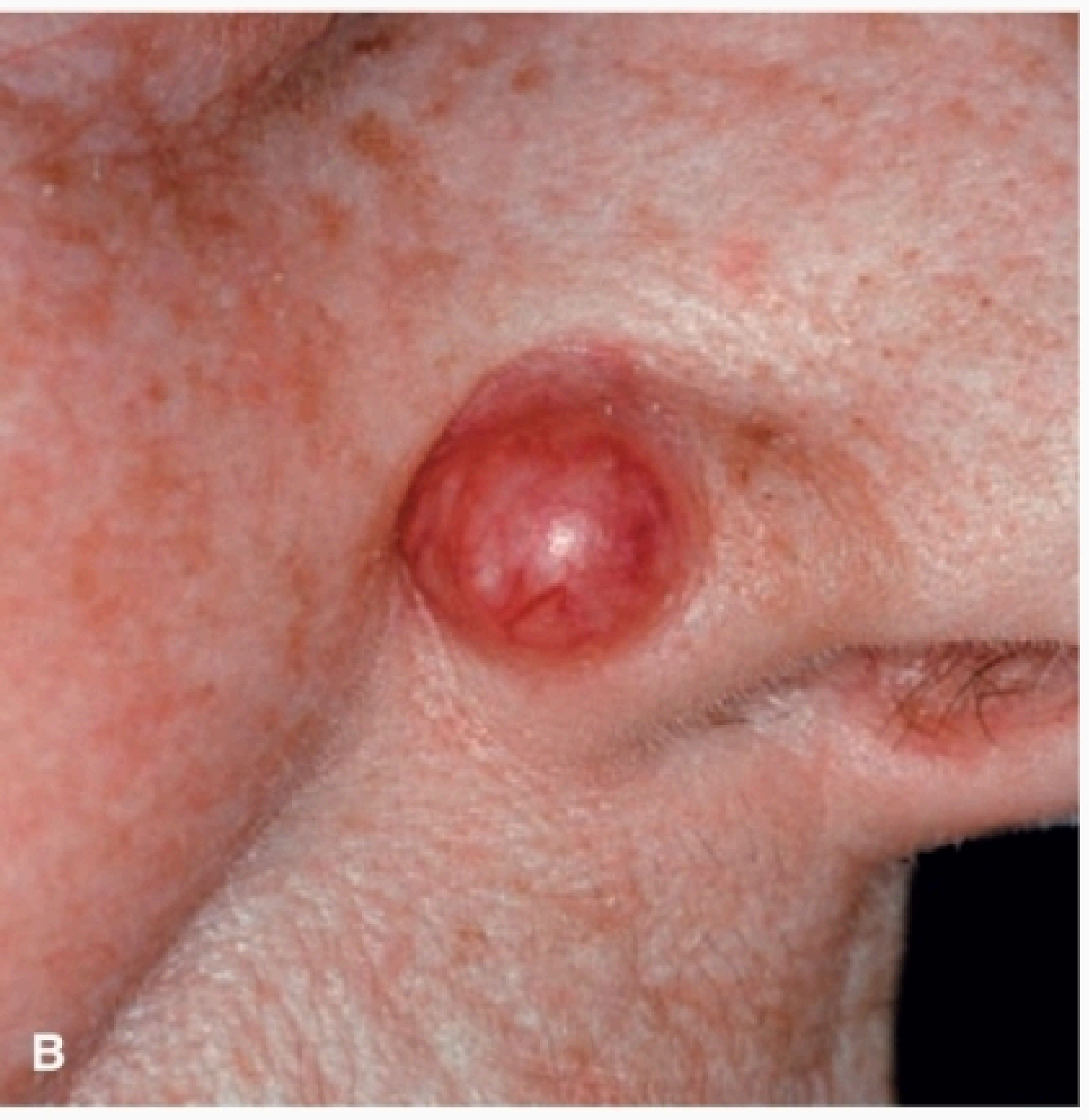


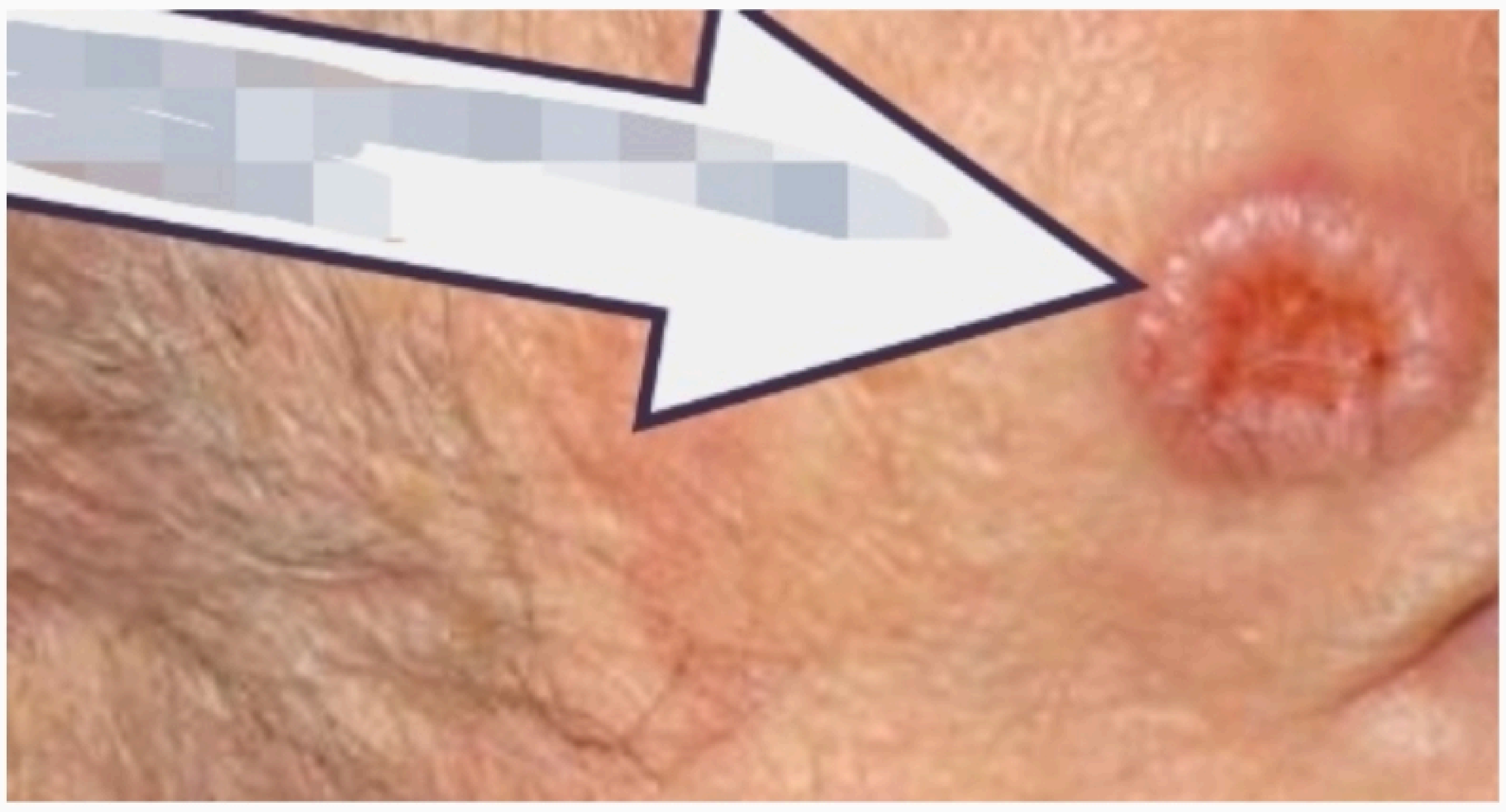
Malignant melanoma



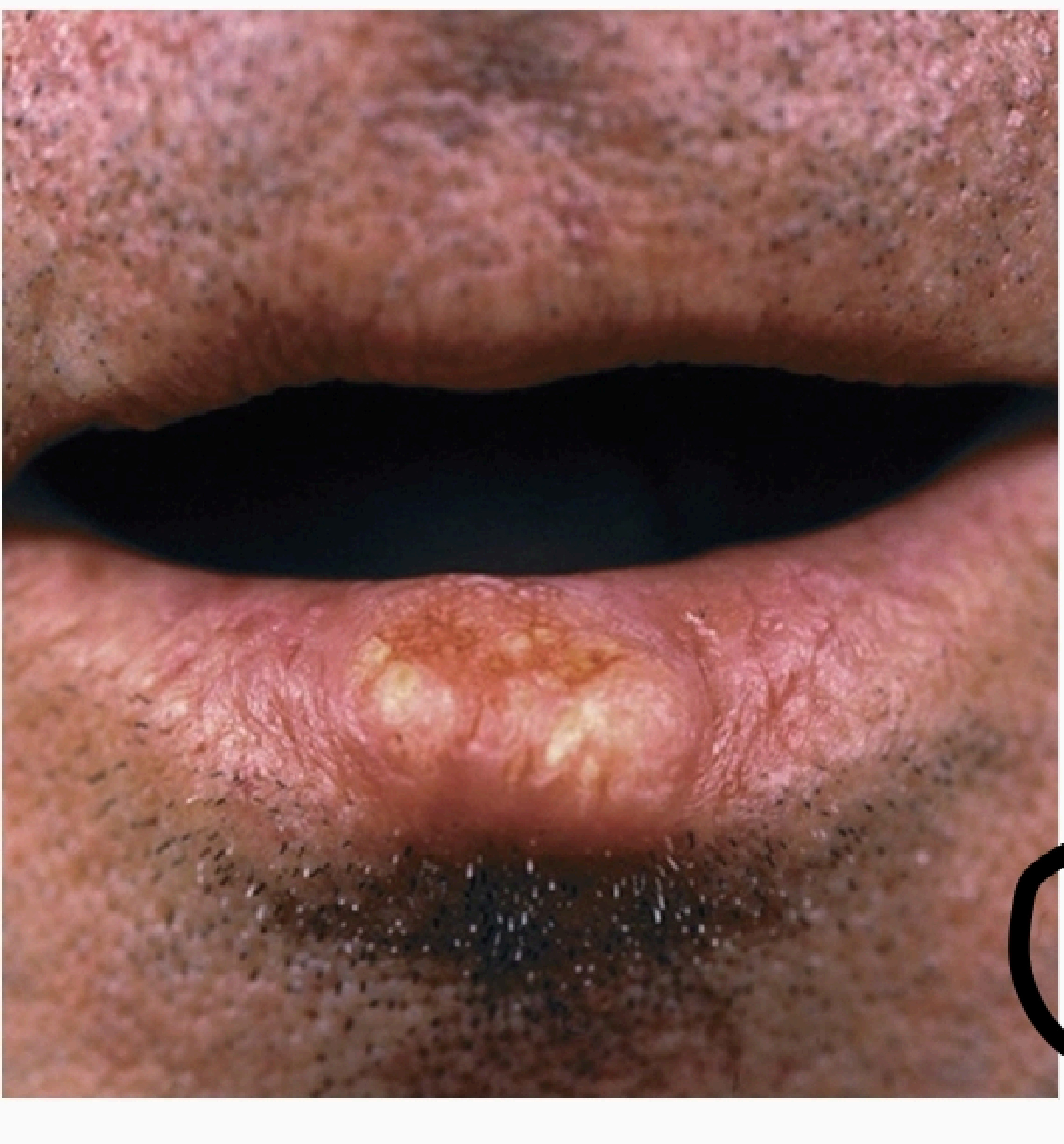


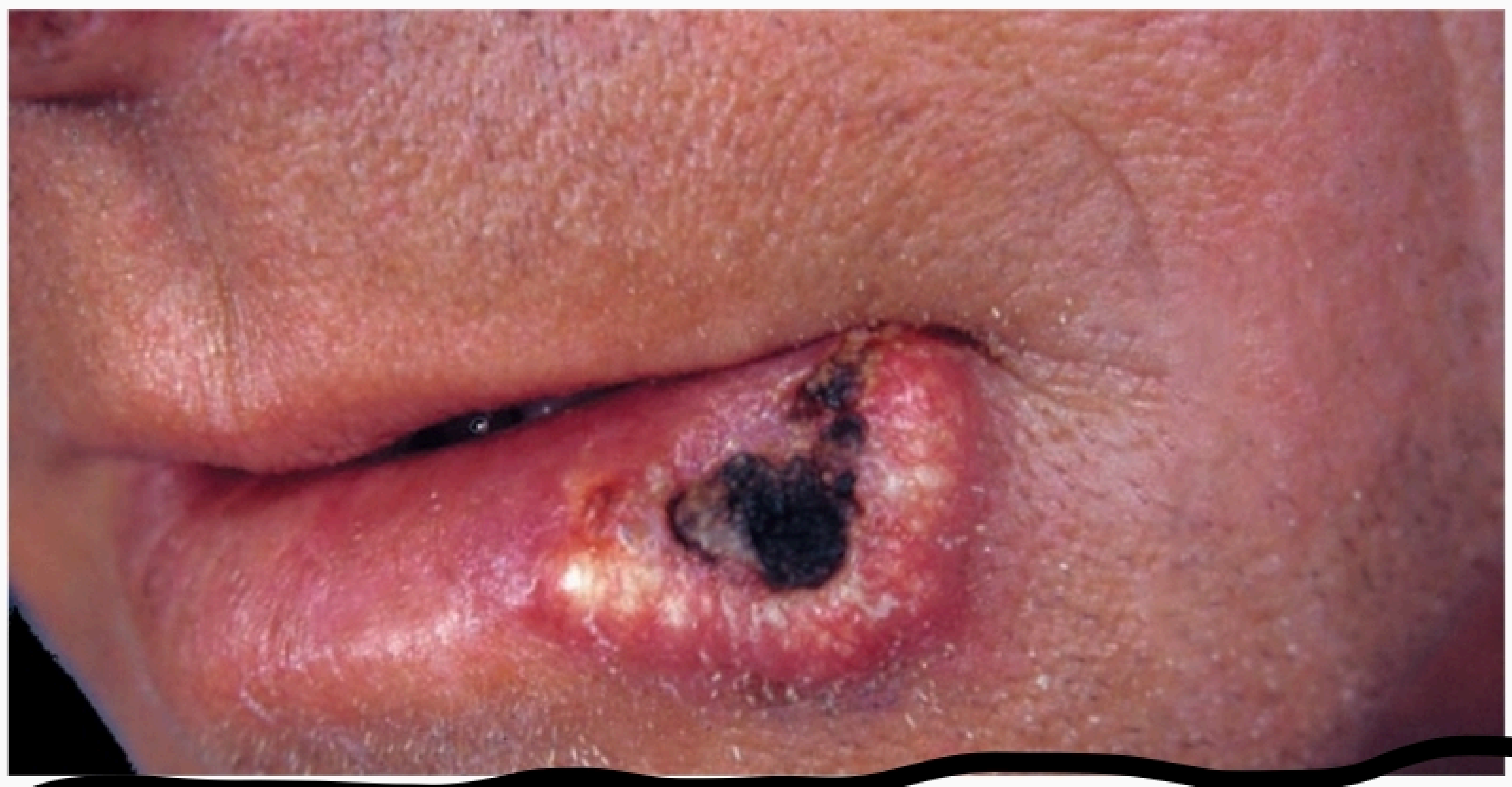






Basal cell Carcinoma





Squamous cell carcinoma

اللجنة العلمية 37A
جامعة صنعاء - كلية الطب البشري

Zakarya